WS

BC TRANSPLANT
An agency of the Provincial Health Services Authority

ORGAN DONOR REGISTRATION

You only need to register ONCE - even if you move. No registration confirmation will be sent. If you wish confirmation, please contact us at 1-800-663-6189

BC Care Card No. (Personal Health No.)

Date of Birth

Year Month Day

Sex ☐ Male ☐ Female

Surname

First Name

Address

City BC

Postal Code

E-mail

I hereby consent to the following donation after my death:
(Please check **ONE BOX** only.)

☐ 1. All organs and tissues needed for transplant or transplant research **or**

☐ 2. All organs and tissues needed for transplant only **or**

☐ 3. All organs and tissues needed for transplant **EXCEPT** the following: (check those you DO NOT want to donate)

☐ Heart ☐ Kidneys ☐ Eyes
☐ Lung ☐ Pancreas ☐ Skin
☐ Liver ☐ Bowel ☐ Bone **or**

☐ 4. I **do not** wish to be a donor.

This completed form constitutes a legally valid consent under the Human Tissue Gift Act and meets the criteria of the BC Freedom of Information and Protection of Privacy Act

Signature: (A parent/guardian must sign if registrant is under the age of 19)
X

Date of Signature: