



Organ and Tissue Donor Registration

You can save a life! Register as an organ and tissue donor with the Ministry of Health and Long-Term Care.

Please complete and sign the back of this form, detach and mail to:

Organ Donor Consent
Information Processing Unit
49 Place d'Armes, 4th floor
P.O. Box 48
Kingston ON K7L 5J3

For further information, please call INFOline at 1 800 268-1154; in Toronto (416) 327-4282; TTY 1 800 387-5559 or visit our website at www.health.gov.on.ca.

In making your decision to register, please consider the following:

- The Ministry of Health and Long-Term Care will collect and store information about your choice to donate your organs or tissues.
The words Donor/Donneur and a code showing your donation choices will be printed on the back of your photo Health Card.
The ministry may inform authorized health care professionals what choices you have made so that your wishes may be carried out.
Your consent is voluntary and is not required for eligibility for a Health Card.
You must be 16 years of age or older.

The authority to collect the personal information is section 8.19 of the Trillium Gift of Life Network Act.



Organ Donor Card

Tell your family or a close friend that you wish to be an organ/tissue donor. Please complete the card portion of this form and ask them to keep it for you.



Organ and Tissue Donor Registration

Health Number, Sex, Date of birth, Telephone no., Last name, First name, Mailing address, City, Postal Code

I wish to donate any needed organs or tissues after my death for:

- 1. transplant only
2. transplant/medical research

except for my: (check any boxes below that apply)

- a. kidneys, b. heart, c. eyes, d. bone, e. liver, f. lung, g. skin, h. pancreas

3. I do not wish to be an organ/tissue donor

Signature, Date

Before mailing this form, complete and tear off the organ donor card and give it to your family or a close friend.

Consent under the Trillium Gift of Life Network Act

I, have registered my consent to be an organ and tissue donor with the Ministry of Health and Long-Term Care.

Signature of donor, Date, Family member signature, Family member name