KANSAS RESIDENTS - FILL OUT THIS FORM

MIDWEST TRANSPLANT NETWORK
Celebrating 30 Years of Giving

ENROLLMENT FORM - KANSAS ORGAN AND TISSUE DONOR REGISTRY

"Do you want your name added to the Kansas Organ and Tissue Donor Registry?"

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By signing this form, your name will be added to a confidential list of potential donors maintained by the Midwest Transplant Network. Your information can only be released upon your death and will only be shared with your family by medical professionals or hospital staff. Participation in this registry is voluntary. You do not have to be in the Organ Registry to be an organ donor but participation will indicate your wishes to your family.

PARTICIPANT'S NAME: _____
LAST FIRST MIDDLE SUFFIX

PARTICIPANT'S ADDRESS: _____
NUMBER STREET CITY

Kansas
STATE ZIP CODE County of Residence

DATE OF BIRTH: _____ SEX: _____ RACE: _____

PARTICIPANT'S SOCIAL SECURITY# OR DRIVER'S LICENSE#: _____

ENROLLMENT DATE: _____ PLACE OF ENROLLMENT: _____

PARTICIPANT'S SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

Parent/Guardian must sign as a witness for persons under the age of 18.

Fax or mail completed form to: Midwest Transplant Network
1900 West 47th Place, Suite 400
Westwood, KS 66205

Phone Number: 1-800-DONOR-91
Fax Number: 913-262-5130