KANSAS RESIDENTS – FILL OUT THIS FORM

ENROLLMENT FORM – KANSAS ORGAN AND TISSUE DONOR REGISTRY

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

By signing this form, your name will be added to a confidential list of potential donors maintained by 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 and Tissue Donor Registry to be an organ and tissue donor, but participation will authorize donation upon your death.

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

PHONE NUMBER: _____
OPTIONAL

PARTICIPANT'S SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____
Parent/guardian must sign as a witness for persons under the age of 18.

Mail or Fax completed form to:

Midwest Transplant Network
1900 West 47th Place Ste 400
Westwood KS 66205

Fax#: 1-888-672-8087

Phone#: 1-888-744-4531

MIDWEST TRANSPLANT NETWORK