



**Uniform Anatomical Gift Act
Alaska Donor Registry Enrollment Form**

Once signed, this form and your donor card are legal documents under the Uniform Anatomical Gift Act and similar laws. If you are unable to sign, you may have someone sign on your behalf and have it witnessed by two persons of legal age. Your next of kin is preferred as one of the witnesses, to make sure he/she knows of your decision. If you are under the age of 18, a parent or legal guardian may sign as a witness to make this a legal document.

Please Type or Print Legibly

- 1. Donor's Full Name: _____
- 2. Date of Birth: _____
- 3. Mailing Address: _____
- 4. Phone: () _____
- 5. City: _____
- 6. State: _____
- 7. Zip: _____ - _____
- 8. E-mail address: _____
- 9. Last 4 digits of Social Security Number: _____

10. In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires.

I give: Any needed tissues and organs. Only the tissues and organs listed below:

11. Donor's Signature: _____ 12. Date Signed: _____

13. Witnessed by: _____ 14. Witnessed by: _____
(parent/guardian if under 18)

Mail completed form to:

Alaska Donor Registry
Life Alaska Donor Services
PO Box 231809
Anchorage, Alaska 99523-1809

Source:
Website

**Talk to your family about organ and tissue donation.
For more information please call 907.562.LIFE (5433) or 800.719.LIFE (5433)
Fax: (907) 562-5333 - Internet: www.lifealaska.org**

