



## DonateLifeVirginia.org

### Registry Removal Form

**Please remove me from the Donate Life Virginia organ, eye and tissue donor registry.**

If you would like to be removed from the registry please complete the information below or visit [www.DonateLifeVirginia.org](http://www.DonateLifeVirginia.org) to update your information. All information submitted will be kept completely confidential. We will not share, sell or otherwise compromise the information.

**Personal Information—PLEASE PRINT CLEARLY (\*required fields)**

First Name: \_\_\_\_\_ \* Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ \*

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

Address: \_\_\_\_\_ \*

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ \* State VA Zip: \_\_\_\_\_ \*

*This is for removal from the Virginia registry only. If you live in another state please go to [DonateLifeAmerica.net](http://DonateLifeAmerica.net) and click on your state of residence.*

Email: \_\_\_\_\_ (While not required, if you submit an email address you will get confirmation of your removal via email.)

Place of Birth (City, State) \_\_\_\_\_ \*

Mother's Maiden Name \_\_\_\_\_ \*

Driver's License Number/ID# \_\_\_\_\_ \* Last 4 digits of Social Security Number \_\_\_\_\_ \*

\_\_\_\_ **At this time I would like to remove myself from the registry.** By submitting this form, I affirm that I am the applicant described above and that the information entered herein is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail form to: Donate Life Virginia  
Attention: Registry Administrator  
9200 Arboretum Parkway, Suite 104  
Richmond, VA 23236

**If you have any questions, please call 1.866.VADonor.**