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 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 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.