

ORGAN DONATION - REGISTRATION FORM



DONOR DETAILS

Name: _____

Gender : Male Female

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Date of Birth: _____ / _____ / _____ (DD/MM/YY)

Blood Group: _____

Driving License No: _____

Donor's Signature: _____

Date: _____

CONTACT DETAILS OF NEXT KIN

Name: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Relation: _____

I understand it is the wish of _____
to donate the aforementioned organ(s) after death.

Next to Kin's Signature _____

I would like to join Shatayu Organ Donation Registry as a Donor, whose
organs may be used for transplantation after may death.

PLEASE TICK AS APPROPRIATE:

KIDNEYS LIVER LUNGS WHOLE BODY

HEART EYES PANCREAS ANY PART OF THE BODY