



Louisiana Organ & Tissue Donor Registry  
Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Email Address (optional) \_\_\_\_\_

I understand that by signing this registry card I will be added to the Louisiana Organ and Tissue Donor Registry, I consent to the recovery of my organs and tissues for transplantation and research.

Signature \_\_\_\_\_

Please mail your donor registry form to:  
4441 N. I-10 Service Road  
Metairie, LA 70006

Thank you for donating life!  
Please talk to your family about your decision!

