



To register for organ donation, you will need to fill out this form. Once you've made the decision to become an organ donor, make it count. Tell a trusted family member about your decision.

REGISTRANT INFORMATION			
Print in block letters using ink. No registration confirmation will be sent.			
Last name		First name	
Date of birth <small>YYYY/MM/DD</small>	Gender	Yukon health care insurance card number	
Mailing address		City	Postal code
DONATION INFORMATION			
<input type="checkbox"/> Any organ or tissue needed for transplant or transplant research, or <input type="checkbox"/> Any organs and tissues needed for transplant only, or <input type="checkbox"/> Any organs/tissues needed for transplant EXCEPT the following:			
<input type="checkbox"/> Heart	<input type="checkbox"/> Kidneys	<input type="checkbox"/> Cornea	<input type="checkbox"/> Liver
<input type="checkbox"/> Lung	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Skin	<input type="checkbox"/> Bowel
<input type="checkbox"/> Bone			
CONSENT			
I hereby consent for the purposes of the <i>Human Tissue Gift Act</i> , to the above donation after my death.			
Signature			Date <small>YYYY/MM/DD</small>
A parent/guardian must sign if donor is under the age of 19.			
I am the parent/guardian of the child listed above. I hereby consent for the purposes of the <i>Human Tissue Gift Act</i> , to the above donation after death.			
Parent/guardian last name		Parent/guardian first name	
Signature			Date <small>YYYY/MM/DD</small>

- A registry exists to legally record the wishes of organ donors in the Yukon. Access to these records is restricted to authorized personnel.
- Only those Yukon residents who register with the Yukon Health Care Insurance Plan as an organ donor will be included in the registry.
- Donors will receive a new updated sticker for their health care cards indicating their donor status.
- Donors who have questions or change their mind may rescind their registration at any time by calling 867-667-5209 or 1-800-661-0408, local 5209.

Yukon Health Care Insurance Plan
Box 2703 (H-1), Whitehorse, YT, Y1A 2C6

Information contained in this form is collected, used and disclosed in accordance with Yukon's *Health Information Privacy and Management Act* and other applicable laws. A written statement of Health and Social Services information practices can viewed at www.hss.gov.yk.ca/healthprivacy.php or by contacting the department's Privacy Officer at healthprivacy@gov.yk.ca.