



Department
of Health

Donate Life
Registry



New York State Donate Life Registry Removal Form

donatelife.ny.gov | 1-866-NY-DONOR

You may remove yourself from the New York State Donate Life Registry online at donatelife.ny.gov or request removal by completing, signing, and submitting this form to the address below.

**Indicates required field. Please type or print clearly in black or blue ink:*

IDENTIFYING INFORMATION

*Name: (First) _____ (MI) _____ *(Last) _____

_____/_____/_____(MM/DD/YYYY)

*Date of Birth

NYS DMV Identification Number (9 Digit License/Permit/Non-Driver ID #) OR _____
IDNYC Number

CONTACT INFORMATION

We will confirm your removal by email, if provided, or U.S. mail

*Mailing Address _____ *City _____ *State _____ *Zip Code _____

Email Address _____ Phone (_____) _____ - _____

SIGN AND DATE

By signing below, I am revoking my consent to the donation of my organs, eyes and/or tissues and requesting removal from the New York State Donate Life Registry.

*Signature _____ *Date ____/____/____

Complete, sign and date this form. Submit to NYS Donate Life Registry by email: registry@donatelife.ny.gov or U.S. Mail to:
New York State Donate Life Registry, 185 Jordan Road, Troy, New York 12180