



## Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Gail Vasterling**  
Acting Director



**Jeremiah W. (Jay) Nixon**  
Governor

## Missouri Organ and Tissue Donor Registry Removal Information Sheet

Missouri's Organ and Tissue Donor Registry is a confidential list of organ, tissue and eye donors maintained by the Missouri Department of Health and Senior Services. You are not required to be on the registry to be a donor and can remove your name at any time. You may also amend or revoke your decision at any time. Placing your name on the registry means you consent to have your organs and tissues given to others upon your death. Family consent is no longer required and your decision will be honored. First-person consent makes your decision final unless revoked in a manner provided by law. If you would like to be removed from Missouri's Registry, please complete this form and send it to the address provided on the form.

**Questions:** Answers to general donation questions can be found at: [www.missouriorgandonor.com](http://www.missouriorgandonor.com). If you have questions about procedures related to transplants or donation, please contact one of the following agencies:

Midwest Transplant Network (<http://www.mwtn.org/>)

Mid-America Transplant Services (<http://www.mts-stl.org/>)

Heartland Lions Eye Banks (<http://www.mlerf.org/>)

**Revocation:** You may withdraw or revoke your consent to be listed on the registry. This action does not mean a refusal to make an anatomical gift. Other authorized persons may make such a gift for you despite your revocation unless you take steps to prevent them from doing so. If you want to revoke or amend your decision, you may do so by completing a new enrollment form either on-line at [www.missouriorgandonor.com](http://www.missouriorgandonor.com) or completing another paper enrollment and submitting it to the address provided on the form. Your record will be updated to reflect the changes you have made.

**Refusal:** If you want to refuse to make an anatomical gift and bar others from doing so on your behalf, you will need to execute a refusal by completing one of the steps below. Be sure to provide copies of your documentation to family, friends, or others who may be making end-of-life decisions for you. This information will not be included in the registry or be maintained by the Department of Health and Senior Services.

- ☐ A record or writing signed by you.
- ☐ A will.
- ☐ A record or writing signed by another person at your direction, if you are physically unable to sign, and witnessed by at least two adults, one being a disinterested witness, who sign at your request and attest to such act.
- ☐ A communication made by you in any form during your terminal illness or injury, addressed to at least two adults, one of whom is a disinterested witness.

[www.missouriorgandonor.com](http://www.missouriorgandonor.com)

**Healthy Missourians for life.**

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF COMMUNITY AND PUBLIC HEALTH  
**ORGAN AND TISSUE DONOR REGISTRY REMOVAL APPLICATION**



Most of the information on this form is required, so please be sure the form is complete. You will receive a confirmation e-mail or letter confirming your removal, or in the event information needs to be clarified and/or verified. Call toll-free if you have questions: 888-497-4564

**Complete the following information to remove your name from the registry.**

PARTICIPANT'S NAME (LAST)	(FIRST)	(MIDDLE)	(SUFFIX)
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ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
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COUNTY OF RESIDENCE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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E-MAIL ADDRESS

DATE OF BIRTH (Month/Day/Year) ____/____/____	SOCIAL SECURITY NO. or DRIVER LICENSE NO.
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RACE (optional) <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other	ETHNICITY (optional) <input type="checkbox"/> Latino <input type="checkbox"/> Other
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**INITIAL THE APPROPRIATE CATEGORY**

- ☐ I affirm that I am under the age of 18, an emancipated minor and able to give full legal consent to organ/tissue donation.  
☐ I affirm that I am under the age of 18 but at least 16, I am not emancipated, and therefore providing contact information for my parents/guardians below.  
☐ I affirm that I am age 18 or over and am able to give full legal consent to organ/tissue donation.  
☐ I am the parent/guardian of the child being enrolled in the registry. My relationship to the child is: \_\_\_\_\_.

In addition to completing the information above beginning with "Participant Name" and through "Ethnicity," complete the following to be removed from the registry. Then, mail the completed form to the address below.

☐ Please remove my name from Missouri's Organ and Tissue Donor Registry. This is not a refusal to be a donor.

SIGNATURE (Required of applicant or parent if enrolling a child.)	DATE
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WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury)	DISINTERESTED WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury)
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**Fax or mail completed form to:**

Missouri Organ Donor Program  
Missouri Department of Health and Senior Services  
PO Box 570  
Jefferson City, MO 65102-0570

Phone (toll-free) 888-497-4564  
Fax: 573-522-2898

**A confirmation will be sent to you within 30 days of receipt in the Missouri Organ and Tissue Donor Program.**