



## Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400  
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

FAX: 573-751-6010



**Randall W. Williams, MD, FACOg**  
Director

**Michael L. Parson**  
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. First-person consent makes your decision final unless revoked in a manner provided by law. To be removed from Missouri's Registry, please complete this form and submit as instructed on the form.

**Amend Consent:** You may amend your registry record by going to [www.missouriorgandonor.com](http://www.missouriorgandonor.com) (Update My Profile) or by completing a paper Enrollment Application ([http://health.mo.gov/living/organdonor/pdf/enrollment\\_application.pdf](http://health.mo.gov/living/organdonor/pdf/enrollment_application.pdf)). If completing a paper enrollment, please complete and submit as instructed on the form.

**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 unless you take steps to prevent them from doing so. To revoke your consent, you must complete a Removal Application available at [http://health.mo.gov/living/organdonor/pdf/removal\\_form.pdf](http://health.mo.gov/living/organdonor/pdf/removal_form.pdf), or call 888-497-4564. Print, sign and mail or fax the form using the information provided at the bottom of form.

**Refusal:** If you refuse to make an anatomical gift and want to bar others from doing so on your behalf, you may 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.

**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 (<http://www.midamericatransplant.org/>)

Saving Sight (<https://www.saving-sight.org/>)

[www.health.mo.gov](http://www.health.mo.gov)

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 an 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 be removed from the registry.**

PARTICIPANT'S NAME (LAST)	(FIRST)	(MIDDLE)	(SUFFIX)
---------------------------	---------	----------	----------

ADDRESS (MAILING)	(CITY)	(STATE)	(ZIP CODE)
-------------------	--------	---------	------------

COUNTY OF RESIDENCE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
---------------------	-------------------------------------------------------------------------

E-MAIL ADDRESS
----------------

DATE OF BIRTH _____ / _____ / _____ MONTH                  DAY                  YEAR	SOCIAL SECURITY NO. or DRIVER LICENSE NO.
--------------------------------------------------------------------------------------------	-------------------------------------------

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
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

**INITIAL THE APPROPRIATE CATEGORY**

I affirm that I am age 18 or over and am able to give full legal consent.

I affirm that I am under the age of 18, an emancipated minor and able to give full legal consent.

I affirm that I am under the age of 18 but at least 16, and I am not emancipated.

I am the parent/guardian of the child being removed from the registry. My relationship to the child is:  
 \_\_\_\_\_.

I affirm that I am the person named above and the information provided is true and correct.

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/guardian if removing a child.)	DATE
---------------------------------------------------------------------------	------

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)
-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

**Fax or mail completed form to:**  
 Missouri Organ and Tissue 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.**