

REQUEST FOR ORGAN DONOR DESIGNATION ON PENNSYLVANIA DRIVER'S LICENSE OR PHOTO ID CARD



DRIVER LICENSE/PHOTO ID NUMBER							LAST NAME(S)			JR., ETC.	FIRST NAME	MIDDLE NAME
DATE OF BIRTH			AGE	TELEPHONE NUMBER (8 a.m. to 4:30 p.m.)				E-MAIL ADDRESS: (if applicable)				
MONTH	DAY	YEAR										

CONSENT OF PARENT, GUARDIAN, PERSON IN LOCO PARENTIS OR SPOUSE AT LEAST 18 YEARS OF AGE Complete if Applicant is Less Than 18 Years of Age

I hereby certify that I am Parent, Guardian, Person in Loco Parentis or Spouse at least 18 years of age, of the applicant named herein, that the statements made herein are true and correct to the best of my knowledge and that this request for Organ Donor designation is made with my full consent.

(SIGNATURE OF PARENT, GUARDIAN, PERSON IN LOCO PARENTIS OR SPOUSE AT LEAST 18 YEARS OF AGE - IN INK

DATE

CERTIFICATION

I hereby request Organ Donor designation on my Pennsylvania Driver's License/Identification Card.

APPLICANT SIGNATURE IN INK

DATE

- This form must be completed and presented at the Photo Driver's License Center by applicants under 18 years of age for issuance of a photo driver's license or identification card containing the Organ Donor designation.
- No fee is required at the Photo Driver's License Center.