

Legacy Organ & Tissue Donor Registry

P.O. Box 8468, Metairie, LA. 70011-8468, Ph: 800-521-GIVE

REMOVAL FORM

Dear Louisiana Resident:

The Louisiana Donor Registry has been informed that you wish to remove your name from the program. In order to accomplish this task, you must fill out this form, in its entirety, and return it to the Registry so that documentation can be maintained that you have changed your decision to donate organs and or tissue.

Please complete this form and return it to:

**Legacy Donor Registry
P.O. Box 8468
Metairie, LA 70011-8468**

Once our office has received the completed form, your name will be removed from the Donor Registry. If you should have any questions, please feel free to contact the Louisiana Donor Registry at 1-800-521-GIVE.

Please complete the following information:

Driver's License Number: _____ Social Security Number: _____

I, _____ being of sound mind, do hereby desire to have my
(PRINT YOUR NAME)

name REMOVED from the Louisiana Donor Registry, Under Louisiana Law (R.S. 17:2351, et. seq.).

I DO NOT WISH to make an anatomical donation.

APPLICANT (SIGNATURE)

DATE