



NJ Donor Registry Application

Register to become an organ donor and give the gift of a lifetime.

To register, all information must be filled in completely. Please print out this form, complete & sign where indicated and mail or fax back to NJ Sharing Network, attn: Public Affairs Department, 841 Mountain Ave., Springfield, NJ 07081. Fax: 973-379-5113

Name: (Mr., Mrs., Ms.) _____

Address: _____

City: _____ County: _____

State _____ New Jersey _____ Zip: _____

Phone#: (____) _____

Email Address: _____

Date of birth: _____/_____/_____

Signature: _____

Next of Kin: (Spouse, Parent, Guardian, or Other Relative)

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone #: (____) _____

Witness: _____

Witness: _____

Today's Date: _____

For the purpose of transplantation, I give any needed organs or tissues.