



Illinois Secretary of State's Organ Tissue Donor Registry Removal Form

www.LifeGoesOn.com

800-210-2106

*Indicates required field – Please type or print clearly in black or blue ink.

*First Name: _____ MI: _____ *Last Name: _____

*Date of Birth: _____ (MM/DD/YYYY)

***Residential Address:**

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

If different, list mailing address:

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Phone Number: (____) _____ - _____ Email Address: _____

*Gender: Male Female

*Illinois Driver's License Number: _____ or

*Illinois Identification Card Number: _____

By signing below, I am revoking my consent to the donation of my organs and/or tissues and requesting removal from the Illinois Secretary of State's Organ Tissue Donor Registry.

*Signature: _____ Date: _____

Complete, sign and date this form; submit to the Illinois Secretary of State's Organ Tissue Donor Registry by email info@lifegoeson.com or U.S. mail to:

Illinois Secretary of State's Office
Life Goes On Organ Tissue Donor Program
501 S. Second Street, Room 451
Springfield, IL 62756