



## 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: \_\_\_\_\_

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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 fax at 217-782-9448, email at [info@lifegoeson.com](mailto: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