**Virginia Donor Registry Removal Form**

If you would like to remove your name from the Virginia Donor Registry, please complete this form and submit it to Donate Life Virginia. You may also remove your registration online by visiting **DonateLifeVirginia.org**.

**Registrant's Information**

**First Name:** _____

**Middle Name:** _____

**Last Name:** _____

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

**Street Address:** _____

**City:** _____ **State: VA ZIP Code:** _____

**Virginia Driver's License or ID Number:** _____

**OR**

**Last 4 Digits of Social Security Number:** _____

**Revocation Statement**

I request that my name be removed from the Virginia Donor Registry. I hereby revoke any prior anatomical gift made by me to the extent reflected in the Virginia organ, eye, and tissue donor registry. By signing below, I affirm that I am the individual identified above and that the information provided is true and correct to the best of my knowledge.

**Signature:** _____ **Date:** _____

**Submit Your Completed Form**

**Mail:**
Donate Life Virginia
7305 Hancock Village Drive, #722
Chesterfield, VA 23832

**Email:**
administrator@donatelifevirginia.org

Please allow up to **30 days** from the date the completed form is received for your removal request to be processed.