

Become a Donor



Countesthorpe
Health Centre

Mr/Mrs/Miss/Ms/Other.....
Surname.....
First Names.....
Previous surname.....
Date of birth.....
NHS no (10 digits – often shown as 3, 3 and 4 digits separated by a space)
.....
Male/female.....
Town and country of birth.....
Home address.....
.....
Postcode.....
Telephone number.....

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissues may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue

- Kidneys
- Heart
- Liver
- Corneas
- Lungs
- Pancreas

Signature confirming my agreement to organ/tissue donation

.....Date.....

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

- Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

.....Date.....