

ORGAN DONATION CERTIFICATION

In the event of my death, I would like to be an organ/tissue donor.

I acknowledge that I have reviewed the following statements regarding donation.

Signature Date

Organ, tissue, and eye transplantation are successful, routine procedures that save or improve the lives of thousands of people each year. Unfortunately, there are many more people waiting for transplants than there are organs and tissues available. The cure to this crisis is an increased commitment to donation. One organ and tissue donor can save or improve the lives of up to 60 people.

Organs and tissues that can be donated include heart, lungs, liver, kidneys, pancreas, intestines, corneas, skin, heart valves, bone, and connective tissue.

Once a donor is identified, donation coordinators obtain a medical/social history from the next-of-kin and conduct thorough tests to determine medical suitability of the organs. Additional tissue testing is conducted in order to place the organs with the most appropriate match.

Recovery of organs and tissue is a surgical procedure. Donors are treated with great care and dignity. The donation process does not preclude an open casket funeral.

All costs related to donation are recovered by the procurement organization which passes those costs along to the transplanting facility. No charges related to the donation are incurred by the donor or the donor's family.

For more information about donation, please call 1-888-5-DONATE.

In South Dakota when you indicate on your license or identification card that you wish to give the precious gift of life by being an organ and tissue donor, you are relieving your loved ones of the burden of making that decision for you at the time of your death.

If at some future time, you decide to amend or revoke your gift of life, you may do so by removing the organ donor designation from your driver license or non-driver identification card. For more information regarding amending or revoking your gift of donation, please refer to South Dakota Codified Law Chapter 34-26.

PARENTAL CONSENT MUST BE FILLED OUT AND SIGNED BEFORE A NOTARY PUBLIC OR DRIVER EXAMINER

I certify that I am a Parent/Guardian of (print name) _____

and I hereby grant permission for him/her to:

(Check all that apply)

- ___ Apply for a South Dakota driver license or permit under the requirements of South Dakota law;
- ___ Apply for a South Dakota non-driver identification card under the requirements of South Dakota law;
- ___ Have the organ donor indicator placed on the driver license, permit, or non-driver identification card.

Parent/Guardian Signature _____ Print Name _____

Present Address _____ City, State, & Zip Code _____

Subscribed and sworn to before me on this _____ day of _____, 20____

My Commission Expires:

Notary Public or Driver Examiner
State of South Dakota

EXAMINER USE ONLY

RESTRICTIONS (circle) O F G V X R M E Z B J K W

VISUAL ACUITY DOT Card Exp _____

LEFT EYE BOTH EYES RIGHT EYE
20/ 20/ 20/

___ **W/O CORR LENS** ___ **WITH CORR LENS**

NEW ___ RENEWAL ___ DUP ___

TRANSFER ___ DATA CHANGE ___

- GK ___
- CV ___
- AB ___
- DT ___
- TK ___
- HZ ___
- PV ___
- SB ___

OOS LICENSE SURRENDERED? _____ LICENSE CLASS _____

3RD PARTY CDL ___ COMPLETION DATE _____

DRIVERS ED ___ COMPLETION DATE _____

MC SAFETY ___ COMPLETION DATE _____

COMPUTER CHECKS: CDLIS ___ PDPS ___

TEST REQUIRED: VISION ___ WRITTEN ___ SKILL ___

WRITTEN TEST ___ ___ ___

SKILLS TEST ___ ___ ___

FEE COLLECTED _____ Q ___ C ___ EXAMINER ID _____

Documents Verified: _____

