

PARENTAL CONSENT FORM FOR ORGAN DONOR DESIGNATION

This form must be completed by the parent/guardian of any individual under 18 years of age wishing to have the organ donor indicator on his/her driver license or non-driver identification card.

PARENTAL CONSENT FORM MUST BE COMPLETED AND SIGNED BEFORE A NOTARY PUBLIC OR DRIVER EXAMINER.

I certify that I am a Parent/Guardian of _____,
please print full name first / middle / last

who was born on _____. I hereby consent to the organ donor indicator being placed
month / day / year

on his/her driver license or non-driver identification card. His/her driver license or non-driver

identification card number is _____.

Parent/Guardian Signature _____

Parent/Guardian Print Name _____

Present Address _____
street / po box / apt #

City, State, Zip Code _____

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

My Commission expires: / /

(Seal)

Notary Public or Driver Examiner
State of South Dakota