

Michigan Department of State
Organ Donor Registry Removal

Please complete and fax to (517) 636-5452

I, _____, previously signed
Please print full legal name
up to be an organ donor through the Michigan Organ Donor Registry. I am now
requesting to have my name removed from the organ donor registry.

Driver's License or Michigan ID #:

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Date of Birth: ____ / ____ / ____

X _____

Signature

Date

To obtain a driver's license or ID card without the organ donor designation, visit a
Secretary of State Branch office.

Internal Use Only
Date Removed _____/_____/_____