

Alexa's Hope **Give to Live** Challenge

This donor registry form is for the purpose of the **Alexa's Hope Give to Live Challenge**. All fields are required to be entered into your state registry and **Alexa's Hope Give to Live Challenge**. Information entered will only be used for verifying your donation decision. You must be 18 years of age or older to participate in Alexa's Challenge.

First Name _____

Middle Name _____

Last Name _____

Driver's License or State ID # _____

Driver's License/ID State _____

Last four digits of Soc. Security # (SSN) _____

Birth Date _____

Phone Number _____

Address Line 1 _____

Address Line 2 _____

City, State, Postal Code _____

By submitting this registration I affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. This registration will serve as donor document of gift as outlined in the Uniform Anatomical Gift Act. A document of gift, not revoked by the donor before death, is legal authorization for donation and does not require the consent of another person.

Please add my name to my state's donor registry

Registrant has existing donor indicator
(Alexa's Challenge officiant use only)

Signature _____ Date _____

