



CYPRUS POTENTIAL ORGAN DONOR REGISTRY
BODY DONATION REGISTRY
REGISTRATION FORM



PERSONAL DATA

NAME: _____ SURNAME: _____
GENDER M F DATE OF BIRTH: _____ ID. NUMBER: _____
ADDRESS: _____
POSTAL CODE: _____ TEL. NUMBER: _____
E-MAIL: _____

STATEMENT FOR ORGAN DONATION FOR THE PURPOSE OF TRANSPLANTATION AFTER DEATH

- (a) I wish to register my consent to donate the following organs for transplantation in the event of my death:
- ALL
KIDNEYS LIVER PANCREAS INTESTINE HEART LUNGS
- (b) I wish to register my decision **not to be** an organ donor after death
- (c) I wish **to withdraw** my previous declaration and my name to be removed from the National Organ Donor Registry

STATEMENT FOR BODY DONATION AFTER DEATH

I wish to donate my body for research or/and education

NEXT OF KIN

NAME: _____ SURNAME: _____
ADDRESS: _____
POSTAL CODE: _____ TEL. NUMBER: _____

SIGNATURE: _____

The Database was established in accordance to the Republic of Cyprus Law127/2012 and is the only authorised registry for the registration of personal wish to donate organs for transplantation or for body donation for research or/and education.

CONFIRMATION LETTER

You will receive an official confirmation letter of your registration. Your wishes could be changed whenever you decide so.

PROTECTION OF PERSONAL DATA

The Ministry of Health ensures the protection of personal data by exploiting the potential use of electronic encryption to comply with the provisions of the Data Protection Laws of 2001 and 2003 (Protection of Individuals).

Please mail the completed registration form to the address listed at the bottom of the page, or fax to 22603777, or e-mail TransplantDonor@moh.gov.cy