Australian Government
Services Australia

medicare

Australian Organ Donor Register
New registration, change or removal of donation decision details

Apply online

If you are 16 years or older and would like to register, change or remove your donation decision for the Australian Organ Donor Register (the Donor Register) online, you can do this:

- using your Express Plus Medicare mobile app
- using your Medicare online account through myGov
  1. access your **Medicare online account** through myGov
  2. select **Services** and then **Medicare**
  3. from the Medicare menu select **Services** and then **Organ donation preferences**
  4. select **Register for organ donation** and follow the prompts to become an organ and tissue donor.

You can also register online at **donatelife.gov.au**

If you do not have a myGov account, you can create one at **my.gov.au** and then link Medicare to it.

When to use this form

Use this form if you are 16 years or older to:

- register your donation decision for the Australian Organ Donor Register (the Donor Register)
- change or remove your donation decision details.

Important information

It is important to tell your family your decision about being an organ and tissue donor. Your family need to agree to donate your organs and tissue when you die. They may be more likely to follow your wishes if they already know about them.

For more information

Go to **servicesaustralia.gov.au/organdonor** or call 1800 777 203.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Your decision

1 I want to:

Tick one only

- ☐ register myself on the Donor Register
- ☐ remove myself from the Donor Register
- ☐ change my donation decision details on the Donor Register
- ☐ register my decision not to be a donor

Your details

2 Do you want to link your donation decision to your Medicare record?

No ☐
Yes ☐ Medicare card number (if known)

Ref no.

3 Donor registration number (if known)

R

4 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

5 Your gender

Male ☐
Female ☐

6 Your date of birth (DD MM YYYY)

MCA0NH007DF 2405

7 Permanent postal address

If you are listed on a Medicare card with others and you do not want the address change applied to everyone on your Medicare card, contact Medicare to transfer to a new card.

Postcode

8 Daytime phone number (including area code)

Email

Organ and tissue donation

9 In the event of my death, I would like to donate the following for transplantation

Tick all that apply

All ☐	Bone tissue ☐	Eye tissue ☐	Heart ☐
	Heart valves ☐	Kidneys ☐	Liver ☐
	Lungs ☐	Pancreas ☐	Skin tissue ☐

Privacy notice

10 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacypolicy**

Declaration

11 **I declare that**:

- I give permission for the details I have provided to be actioned on the Australian Organ Donor Register.
- the information I have provided in this form is complete and correct.

I understand that:

- I can change my donation decision details at any time.
- giving false or misleading information is a serious offence.

Signature

Date (DD MM YYYY)

Returning this form

Return this form:

- **by post** to
  Services Australia
  Australian Organ Donor Register
  PO Box 9822
  In your capital city
- by fax to 1300 587 189
- to your local service centre.