

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 us to transfer to a new card.

Postcode

8 Daytime phone number (including area code)

Email

Organ and tissue donation

9 What do you want to donate for transplantation when you die?

Tick all that apply

- | | | | |
|------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| All <input type="checkbox"/> | Bone tissue <input type="checkbox"/> | Eye tissue <input type="checkbox"/> | Heart <input type="checkbox"/> |
| | Heart valves <input type="checkbox"/> | Kidneys <input type="checkbox"/> | Liver <input type="checkbox"/> |
| | Lungs <input type="checkbox"/> | Pancreas <input type="checkbox"/> | Skin tissue <input type="checkbox"/> |

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
- fax to 1300 587 189
- in person at one of our service centres.