

# DRIVERS MANUAL

## CHAPTER XII

### ANATOMICAL DONATION AND LIVING WILL

#### A. Organ, Eye, and Tissue Donations

1. **The Bureau of Motor Vehicles maintains the Ohio Donor Registry, which identifies individuals who, while applying for an Ohio credential, have agreed to make an anatomical gift of organs, eyes, and tissue at the time of their death.**
2. **All first-time or unregistered applicants, including those under the age of 18, must be asked if they would like to be organ, eye, and tissue donors.**
3. **Anyone younger than 15 ½ years old must be asked the question in the presence of their parent or guardian, who, as the cosigner, will be granting permission for the applicant to be an organ, eye, and tissue donor. In the event the minor dies before he or she turns 18, a parent or guardian can amend or revoke a donation decision.**
4. **Anyone ages 15 ½ to 18 years old must also be asked the question. According to state law, the minor may choose whether or not he or she would like to register as an organ, eye, and tissue donor, regardless of the parent or guardian's choice. In the event the minor dies before he or she turns 18, a parent or guardian can amend or revoke a donation decision.**
5. **For anyone 18 years or older, a "Yes" to the donation question means that individual is authorizing the donation of their organs, eyes, and tissue for any purpose authorized by law (transplantation, therapy, research, and education). This is considered an advanced directive and cannot be overturned by the legal next of kin.**
6. The anatomical gift becomes effective upon the death of the testator (an individual who has made a legally valid will before death) without waiting for probate.
7. BASS Procedures:
  - a. **During the Ohio credential issuance the *Questions* screen will display the appropriate verbiage regarding organ donation.**
  - b. **If the applicant is not currently registered as an organ donor, BASS will display "You are not listed as a donor in the Ohio Donor Registry. Would you like to register?"**

- i. **Select "Yes" if the customer indicates he or she would like to register as a donor, including if the customer would like to specify organs. The registry will be updated.**
    - ii. **Select "Unlisted" if the customer does not wish to register as a donor.**
  - c. **If the applicant is registered as an organ donor, BASS will display "DO NOT ASK – Change selection only if customer requests to be removed from the donor registry."**
    - i. **"No" is the default answer and should be selected when the customer DOES NOT request to be removed from the donor registry. The applicant will remain on the registry.**
    - ii. **Select "Yes" if the customer DOES request to be removed from the donor registry. The applicant will be removed from the registry.**
  - d. **If "YES" is selected, the electronic application will display "Upon my death, I make an anatomical gift of organs, tissues, and eyes for any purpose authorized by law."**

8. Donating specific organs:

**Customers who choose to be a donor but would like to indicate specific organs, eyes, and/or tissue for specific purposes should say "Yes" when asked if they want to register as a donor and then do one of the following:**

- a. **Complete an enrollment form, which is included in the Organ Donor Registry brochure, or downloaded from <http://publicsafety.ohio.gov/links/bmv3346.pdf> and then mail the completed registration form to the address below to officially update his or her donor specifications in the Ohio Donor Registry.**
  - i. **Ohio Bureau of Motor Vehicles  
Attn: BMV Records  
P.O. Box 16520  
Columbus, Ohio 43216-6520**
  - ii. **In this situation, "Yes" should be selected when answering the donor question and proceed with issuance.**
  - iii. **Once the donor form has been processed by the Records Request Unit, BASS will reflect "Form on File" in the event of future transactions.**

- b. **The donor status can be updated at any time by logging on to the BMV website at [www.ohiobmv.gov](http://www.ohiobmv.gov) and clicking the "Donate Life" link, which will display a link to access the registry.**
- 9. **The Ohio Donor Registry Brochure must be made available to customers in the literature rack.**
- 10. **Provide a BMV 2622 "Organ Donor Registry" brochure to customers who want to **decide about organ donation** at a later time.**
- 11. Removal from the Registry: Customers may choose, at any time, to be removed from the registry **by using any of the following options:**
  - a. **Submitting a completed Donor Registry Enrollment Form;**
  - b. **Requesting to be removed during the issuance of an Ohio credential; or**
  - c. **Updating their donor status online.**
- 12. **It is not necessary to perform any type of DL/ID transaction in order to make changes to the Organ Donor Registry.**

B. Living Will

- 1. ORC 4506.07(A)(7) requires the applicant to respond to questions concerning the execution of a living will.
- 2. In BASS, the following questions are asked on the status question screen:
  - a. "Declaration, life sustaining equipment?" Does the applicant have a written declaration in regards to life sustaining equipment or the withholding, or withdrawal of life sustaining treatment?
    - i. Answer Yes or No.
    - ii. Life-sustaining equipment (ORC 4752.01) is described as equipment prescribed by an authorized health care professional that mechanically sustains, restores, or supplants a vital bodily function, such as breathing.
  - b. "Health care power of attorney?" Has the applicant executed a valid power of attorney for health care?
    - i. Answer Yes or No.
    - ii. Health Care POA (ORC 1337.17) - This document gives the person designated **d** (the attorney in fact) the power to make most health care decisions for you if you lose

the capacity to make informed health care decisions for yourself. This power is effective only when your attending physician determines that you have lost the capacity to make informed health care decisions for yourself and, notwithstanding this document, as long as you have the capacity to make informed health care decisions for yourself, you retain the right to make all medical and other health care decisions for yourself. You may include specific limitations in this document on the authority of the attorney in fact to make health care decisions for you.

- c. "License indicates above instrument(s) executed?" - Does the applicant desire to have a life support emblem shown on their **credential**? Answer Yes or No.
- d. Applicants under the age of 18 should not be asked the "living will" questions, **unless they are emancipated**.

C. Next of Kin (Broadcast 08-137)

1. The Ohio Bureau of Motor Vehicles (**BMV**) offers enrollment of a next of kin or emergency contact to anyone who holds a valid Ohio **credential** to assist law enforcement in notifying the listed individual(s) in the event the licensed individual is killed or seriously injured, or rendered unconscious and is unable to communicate.
2. The passing of HB 392 created a voluntary program, allowing those with a valid Ohio **credential** to submit two emergency contacts to the BMV, to be used by law enforcement in the event they are seriously injured or killed in an automobile accident.
3. If the individual is involved in a crash or emergency and is otherwise unable to communicate, law enforcement will use the information to notify these emergency contacts.
4. Emergency contact information may be submitted online at [www.bmv.ohio.gov](http://www.bmv.ohio.gov) or by downloading the Next of Kin form (BMV 2437) from the same website. Customers can also obtain the form at any Deputy Registrar **Agency**. No transaction is required.
5. If the customer chooses to mail the form, **it should be addressed to:** Bureau of Motor Vehicles, P.O. Box 16520, Columbus, Ohio 43216-6520.
6. If someone under the age of 18 chooses to participate, **he or she** must list a parent or guardian as one of the emergency contacts. The second emergency contact can be someone other than a parent or guardian.
7. Completed BMV 2437 forms submitted to deputy registrars must be mailed to: License Support Document Management, P.O. Box 16520,

Columbus, Ohio 43216-6520. Forms are to be sent within two business days using the BMV 5240 envelope.

8. Information noted on the BMV 2437 is extremely sensitive, therefore, **until the forms are mailed**, the Deputy Registrar must secure all Next of Kin information in a secured area in the agency.
9. The customer must:
  - a. Check the appropriate box in section #1 of the BMV 2437;
  - b. Provide their full name, address (including state, city and zip code), and driver license/identification card number;
  - c. Provide next of kin/emergency contact information; and
  - d. **Sign the form.**
10. Agency staff members may not fill the form out for the customer. Customers submitting a Next of Kin form must fill it out completely or the Next of Kin information cannot be added to their record. Incomplete forms will not be returned to the customer.
11. No deputy registrar employee shall utilize the information from the Next of Kin form for any other reason than to submit the data to the BMV.
12. Next of Kin information is not public record and cannot be requested by the public nor can it be bought or sold.
13. If a customer needs to verify or update the Next of Kin information submitted, **he or she** must either update the information online at [www.bmv.ohio.gov](http://www.bmv.ohio.gov) or complete a new BMV 2437. The customer is responsible for submitting changes **to** emergency contact information.
14. To remove the contact information, the customer may do so online. The "Remove" box must be checked to entirely remove an emergency contact. Clicking "clear" only clears the immediate information, not the emergency contact record.
15. Only authorized law enforcement and BMV personnel have access to next of kin information. Information must only be used to contact next of kin designations in the case the customer is unable to communicate due to an accident or emergency.
16. Customers with any questions may contact the BMV at 614-752-7600.



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

## DONOR REGISTRY ENROLLMENT

To register, please complete and mail this enrollment form to:  
Ohio Bureau of Motor Vehicles  
Attn: Records Request  
P.O. BOX 16583  
Columbus, OH 43216-6583

PLEASE PRINT

LAST NAME		FIRST	MIDDLE
MAILING ADDRESS			
CITY		STATE	ZIP
PHONE (     ) -     -     -     -	DATE OF BIRTH /    /		STATE OF OHIO DL/ID CARD OR SSN

### DONOR REGISTRY ENROLLMENT OPTIONS

#### OPTION 1

Upon my death, I make an anatomical gift of my organs, tissues and eyes for any purpose authorized by law.

#### OPTION 2

Upon my death, I make an anatomical gift of the following organs, tissues, and/or eyes selected below:

ALL ORGANS, TISSUES AND EYES

#### ORGANS

HEART

LUNGS

LIVER (AND ASSOCIATED VESSELS)

KIDNEYS (AND ASSOCIATED VESSELS)

PANCREAS/ISLET CELLS

INTESTINES

SMALL BOWEL

#### TISSUES

EYES/CORNEAS

HEART VALVES

BONE

TENDONS

LIGAMENTS

VEINS

FASCIA

SKIN

NERVES

For The Following Purposes Authorized By Law:

ALL PURPOSES

TRANSPLANTATION

THERAPY

RESEARCH

EDUCATION

#### OPTION 3

Please take me out of the Ohio Donor Registry.

SIGNATURE OF DONOR REGISTRANT <b>X</b>	DATE
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