

**INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL**

Yes, I would like to remain or become an organ, eye and tissue donor.



**IDENTIFICATION CARD APPLICATION  
FOR MINORS UNDER AGE 15**

DL 5 (07-01-2009) R

**Purpose:** Minors under age 15 use this form to apply for an identification card.  
**Instruction:** Print in ink or type and present at any DMV customer service center.

LOG NUMBER
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**ELIGIBILITY REQUIREMENTS**

To qualify for an identification card for a minor, the applicant must be a Virginia resident under age 15.  
 Parent/Legal Guardian, check the box if you give consent for this minor to remain or become an organ, eye and tissue donor and for the Department of Motor Vehicles (DMV) to display this information on his/her identification card.

PARENT/LEGAL GUARDIAN NAME (print)	PARENT/LEGAL GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)
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**APPLICANT INFORMATION**

SOCIAL SECURITY NUMBER (optional)		BIRTH DATE (mm/dd/yyyy)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
FULL LEGAL NAME (last)		(first)	(middle)	(suffix)	
CITY OR COUNTY OF RESIDENCE	WEIGHT	HEIGHT FT. IN.	EYE COLOR	HAIR COLOR	
ADDRESS					
CITY			STATE	ZIP CODE	
PREVIOUS NAME (if changed)			TELEPHONE NUMBER ( )		
MAILING ADDRESS (if different from above)					
CITY			STATE	ZIP CODE	

**CERTIFICATION**

Information provided on this application is for DMV record-keeping purposes and may be disseminated according to Virginia Code § 46.2-345.  
I certify that my child/ward is a resident of Virginia and is the person described above, and that all information given in this application is true and correct to the best of my knowledge. I understand that it is unlawful for any applicant to knowingly make a false statement on an application or to falsely certify Virginia residency. Any violation will be punishable as a Class 2 misdemeanor. However, if fraud is committed with the intent to purchase a firearm, a violation will be punishable as a Class 4 felony.

PARENT/LEGAL GUARDIAN NAME (print)	PARENT/LEGAL GUARDIAN SIGNATURE	DATE
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**DMV USE ONLY**

ENTER CUSTOMER NUMBER				REMARKS/PAID STAMP		FEE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PROOF OF IDENTITY (specify)			PROOF OF RESIDENCY (if applicable) (specify)			PROOF OF LEGAL PRESENCE (specify)	
CSR SIGNATURE AND NUMBER				DOCUMENT VERIFIER SIGNATURE AND NUMBER			