



Consent to Destroy Embryos

We, _____ and _____, no longer wish to continue storage of our embryo specimens with CryoGam Colorado, LLC located at 2216 Hoffman Dr., Unit B, Loveland, Colorado, 80538.

We hereby grant permission and instruct CryoGam Colorado, LLC to destroy all embryos stored under our names effective immediately.

Signature

Signature

Date

Date

Notary Statement

State of _____ County of _____.

On this, the ____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____ and _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

Notary Public

My commission expires on: _____

<u>For CryoGam Use Only</u>
Date Received:
Credit memo given <input type="checkbox"/> MemTx deleted <input type="checkbox"/>
Verified by:
Signature: _____
Date: _____