

**CONSENT FOR POST-MORTEM RETRIEVAL  
AND/OR POSTHUMOUS USE OF GENETIC MATERIAL FOR CONCEPTION**

I, the undersigned, revoke any prior conflicting instructions or consents made by me and declare this document to reflect my wishes. I hereby consent for retrieval and/or use of my genetic material after my death as follows:

**RETRIEVAL**

\_\_\_\_\_ I consent to the **retrieval** of my genetic material (sperm, eggs, or other form  
(Initials) thereof) after my death and/or prior to my death.

**USE**

\_\_\_\_\_ I consent to the **use** of my genetic material (sperm, eggs, or other form thereof)  
(Initials) after my death specifically for conception purposes, with the intent to result in a live birth and heir to my estate, including all benefits thereto:

- My Spouse/ Partner (Sexually Intimate Partner)  
Name: \_\_\_\_\_
- \*To be determined by: \_\_\_\_\_
- \*Other: \_\_\_\_\_.

I intend that I be recognized as the legal parent of any child conceived from the donation.

Limitations/Restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Statement of Understanding:**

- \*I understand that I may need to undergo specific FDA testing prior to my death if the donation is for conception to a person other than a sexual intimate partner.
- I further understand that applicable laws and regulations vary by location and may change over time. I have been advised to consult an attorney to discuss my wishes herein.

Date: \_\_\_\_\_

**Signed:** \_\_\_\_\_  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
**Witness Signature**  
Witness Name: \_\_\_\_\_

\_\_\_\_\_  
**Witness Signature**  
Witness Name: \_\_\_\_\_

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Address

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