

Release of Frozen Embryos for Donation

I/We _____ hereby request that any of my/our cryopreserved embryos remaining at South Jersey Fertility Center be donated to any recipient(s) judged to be fit by the donor embryo program in order to attempt to conceive a pregnancy. The recipient shall remain unknown to me/us.

My/Our identity(ies) shall remain unknown to the recipient(s).

I/We understand and relinquish any claim to any child(ren) that may be conceived and born as a result of using my/our cryopreserved embryos.

I/We will not attempt to locate the recipient(s).

Signature

Date

Signature

Date

Notary

Date