



ULTIMATE DISPOSITION OF SEMEN SPECIMENS

Client Name:

Current address:

Phone (Day):

Phone (Eve):

Email:

Please circle and initial your choice below

In the event of my death:

1. I authorize _____ with Driver's license# _____ and telephone number _____, who is my _____ (relationship), to be the owner of all my stored semen vial(s) at the Fertility Center of California, herein referred to as FCC. This individual will be responsible for payment of due store fees if he/she chooses to continue storage. He/she will be the responsible individual to make all decisions regarding the use and/or disposal of my stored semen at FCC. Proof of death (Death Certificate) is required in order for this individual to assume ownership and the right to make such decisions.

2. I authorize and instruct FCC to destroy all semen vial(s) in its possession.

In the event of both, my death and the death of the person named in item #1 above :

3. I authorize _____, with Driver's license# _____ and telephone number _____, who is my _____ (relationship), to be the owner of all my stored semen vial(s) at the Fertility Center of California, herein referred to as FCC. This individual will be responsible for payment of due store fees if he/she chooses to continue storage. He/she will be the responsible individual to make all decisions regarding the use and/or disposal of my stored semen at FCC. Proof of death (Death Certificate) is required in order for this individual to assume ownership and the right to make such decisions.

4. I authorize and instruct FCC to destroy all semen vial(s) in its possession.

This document represents the entire Agreement between parties concerning the subject matter; and there are no understandings, agreements or representations other than as herein set forth. This Agreement shall be governed by the laws of the State of California and shall be binding upon the parties and their respective assigns, heirs, executors and administrators.

Client Signature:

Agreement Date:

Parent/Guardian Name:

(if under 18 years of age)

Parental signature:

(if under 18 years of age)

FCC representative:

Notary Public (if no FCC rep):