



Sacred Heart *Guardians and Shelter*

Request for Embryo Remains Burial

By completing this form as indicated below, I/we request that _____ (“IVF Clinic”) relinquish control of any deceased embryos (“Remains”) resulting from my/our IVF or FET treatment to Sacred Heart Guardians & Shelter (“SHG”) for the purpose of SHG facilitating burial.

To this end, I/we request that IVF Clinic contact SHG as soon as reasonably possible upon identification of Remains. SHG will then send IVF Clinic a pre-paid return package by which IVF Clinic may ship the Remains to SHG. IVF Clinic should contact SHG at either info@sacredheartguardians.org or 612-578-0377.

I/We

- authorize IVF Clinic to provide our personal information (i.e., first and last name, mailing address, phone number, email) to SHG, thereby allowing SHG to inform us of the burial date in advance and to mail us our burial packet after the service. SHG will also provide burial confirmation to IVF Clinic.
- do NOT authorize IVF Clinic to provide our personal information to SHG. SHG will send burial confirmation and packet to IVF Clinic. I/We may take possession of this information from the clinic if we so desire.

I/We request that IVF Clinic record the number of Remains and the date on which they were shipped to SHG in our patient file.

I/We fully release and forever discharge and hold harmless IVF Clinic and SHG from any and all claims resulting from their actions in conjunction with this request.

Having been fully informed, I/we freely and voluntarily sign below, in the presence of Notary indicated below.

Printed Name	Signature (in sight of Notary) Date
Printed Name <i>(when applicable)</i>	Signature (in sight of Notary) Date
Address (Street, City, State, Zip)	
Telephone	Email
Signature of Notary Public	Date
Date My Commission Expires	Notary Seal or Stamp