



Sacred Heart *Guardians and Shelter*

Serving the smallest since 2017

Certificate of Removal

IVF FACILITY: When shipping remains, complete items 1, 2 and 3. Send to SHG with remains.

1. TOTAL NUMBER OF DECEASED EMBRYOS: _____

2a. REMOVAL/SHIPPING DATE: _____ 2b. TIME: _____ A.M. / P.M. (circle one)

3. INDIVIDUAL RELEASING CUSTODY OF REMAINS:

3a. NAME: _____

3b. ROLE (e.g., clinic administrator, lab manager): _____

3c. NAME OF FACILITY OR ENTITY RELEASING REMAINS: _____

3d. SIGNATURE OF 3a: _____

3e. DATE SIGNED: _____ 3f. PHONE: _____

3g. LICENSE NO. (if applicable): _____

-----**STOP. SHG to complete below and return to Facility**-----

4. PERSON RECEIVING CUSTODY OF REMAINS:

4a. NAME: Laura Elm _____

4b. TITLE: Executive Director, Sacred Heart Guardians and Shelter _____

4c. SIGNATURE OF 4a: _____

4d. DATE SIGNED: _____ 4e. PHONE: _____ 612-578-0377 _____

4f. LICENSE NO. (if applicable): _____

5. FUNERAL HOME TO WHICH REMAINS ARE TRANSFERRED:

5a. NAME: _____

5b. LICENSE NO. (if applicable): _____ 5c. PHONE: _____

5d. SIGNATURE OF 5a _____

5e. ADDRESS: _____

5f. CITY: _____ 5g. STATE: _____ 5h. ZIP: _____

6. BURIAL INFORMATION:

6a. DATE OF BURIAL: _____

6b. CEMETERY NAME: _____

6c. GRAVE SITE ID _____

6d. ADDRESS: _____

6e. CITY: _____ 6f STATE: _____ 6g. ZIP: _____