

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.

I/we request that IVF Clinic ship all identified Remains of the deceased embryo(s) (i.e., remains may be fully intact, fragmented and/or a lysate) along with a completed SHG Certificate of Removal to SHG’s shipping address:

Sacred Heart Guardians and Shelter
3432 Denmark Avenue, #253
Eagan, MN 55123

I/We

- authorize IVF Clinic to provide SHG with our contact information** (i.e., first and last name, home mailing address, phone number, email), thereby allowing SHG to inform us of the burial date in advance of the service and to mail us a burial packet after the service. This burial packet contains the date of service, the service program, and the cemetery’s gravesite location ID. SHG will send a copy to the 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 obtain this information from the clinic if we so desire.

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

I/We fully release and forever discharge and hold harmless both 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	