



Consent to Destroy Semen

I, _____, no longer wish to continue storage of my semen specimens with CryoGam Colorado, LLC located at 2216 Hoffman Dr., Unit B, Loveland, Colorado, 80538.

I hereby grant CryoGam Colorado, LLC permission to destroy all semen specimens stored under my name effective immediately.

Signature

Date of Birth

Date

This form must be accompanied by a copy of your Driver's License or the Notary Statement below must be completed in order for CryoGam Colorado to destroy all cryopreserved specimens stored on your behalf.

Notary Statement

State of _____ County of _____.

On this, the ____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

Notary Public

My commission expires on: _____

For CryoGam Use Only	
Date Received:	
Credit memo given <input type="checkbox"/>	MemTx deleted <input type="checkbox"/>
Notarized? Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Verified signature <input type="checkbox"/>
	Verified DOB <input type="checkbox"/>
Signature: _____	
Date: _____	