

**THE CENTER FOR ADVANCED REPRODUCTIVE SERVICES (CARS) (The Center)**  
**Notarized Signature Page**

Name of Consent form \_\_\_\_\_

Number of Consent form \_\_\_\_\_

Partner #1 Last Name (Surname): \_\_\_\_\_ Partner #1 First Name: \_\_\_\_\_

Partner #1 Last 5 Digits SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Partner # 1: Gender M/F (Circle One)

Partner#2 Last Name (Surname): \_\_\_\_\_ Partner #2 First Name: \_\_\_\_\_

Partner #2 Last 5 Digits SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Partner #2: Gender M/F (Circle One)

**NOTE: When "the patient" is a couple, the signatures of BOTH must be notarized.**

**Instructions to Notary: On the line below Marked "Individuals Appearing" List only the names of individuals who actually appeared before you and signed on the signature line above.**

**Partner /Individual #1**

***By way of my signature below I am agreeing to the content of the consent named above***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Partner #1 Signature

State of Connecticut )

)

County of \_\_\_\_\_ )

On \_\_\_\_\_, before me, \_\_\_\_\_  
**Date (Insert name of Notary),**

**Personally, appeared before me (List only those actually appearing):** \_\_\_\_\_  
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Signature \_\_\_\_\_ (Seal)

**This is a TWO PAGE FORM**

