

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

