



729 N. Medical Center Drive West  
Ste 207  
Clovis, CA 93611

559-435-7900 FAX 435-7950

**SEMEN DESTRUCTION AUTHORIZATION**

**FAXED COPIES ARE NOT ACCEPTED**

*This signed, dated and notarized original Semen Destruction Authorization must be mailed to Valley Andrology Fertility Center, Inc before the semen specimens will be destroyed. Notarization is not required if the document is signed in the presence of a Valley Andrology Fertility Center Inc. employee.*

I authorize Valley Andrology Fertility Center to discard cryopreserved semen presently in storage and  
belonging to:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_ by \_\_\_\_\_

(Name of Client)

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Seal:

**FOR OFFICE USE ONLY:**

DATE DISCARDED \_\_\_\_\_ BY \_\_\_\_\_

DATE WITNESSED \_\_\_\_\_ BY \_\_\_\_\_