**Notice to Terminate (End) Genetic Surrogacy Agreement** (Optional Use) (*You may attach this notice and declaration of service to the Motion to Vacate Order Based on Notice to Terminate - Genetic Surrogacy form   
FL Parentage 366 or to a cover sheet*.)

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| ***Important***! Use one form for each person withdrawing consent. |

To: (List all other parties to the agreement):

I terminate (end) the genetic surrogacy agreement we signed on (date): .

* **Intended parent** – You must send this notice to the other parties before a transfer of a gamete or embryo. Any earlier transfer/s must not have resulted in pregnancy.
* **Person acting as a surrogate** – You must deliver your withdrawal of consent to the Intended parent/s any time during the agreement and no later than 48 hours after the child’s birth.

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| ***Important***! You must sign this notice before a witness **or** notary. |

*Sign here Print name*

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| **Statement of Witness**  On *(date):* ,  *(name):*    signed this notice in my presence. The signer of the document is personally known to me. I am 18 or older and not a party to the agreement. I believe the signer is capable of understanding this document, and has signed it voluntarily.  Signature:  Print Name:  Address: | **Notarization**  State of Washington  County of  I certify that I know or have satisfactory evidence that *(name):* is the person/s who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.  SUBSCRIBED and SWORN to me on  *(date):* .    Signature of Notary |

**Declaration of Service**

I declare:

1. I am 18 years of age or older, not a party to this action, and competent to be a witness.

2. I gave or delivered a copy of the *Notice to Terminate (End) Genetic Surrogacy Agreement* to:

*(Name):* on *(date)*:

*(time):* at *(address):*

by *(how you gave or delivered it):* .

*(Name):* on *(date)*:

*(time):* at *(address):*

by *(how you gave or delivered it):* .

*(Name):* on *(date)*:

*(time):* at *(address):*

by *(how you gave or delivered it):* .

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at Date:

*city state*

*Sign here Print name here*