

# 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.)

**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.

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

▶ \_\_\_\_\_  
Sign here Print name

<p><b>Statement of Witness</b></p> <p>On (date): _____, (name): _____ _____</p> <p>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.</p> <p>Signature: _____ Print Name: _____ Address: _____ _____</p>	<p><b>Notarization</b></p> <p>State of Washington County of _____</p> <p>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.</p> <p>SUBSCRIBED and SWORN to me on (date): _____.</p> <p>_____ Signature of Notary</p>
--	---

# 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