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APPLICATION FOR EMBRYO ADOPTION

APPLICANT

SPOUSE

Name: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Date of Birth: _____ Date of Birth: _____

Place of Birth: _____ Place of Birth: _____

Age: _____ Social Security #: _____ Age: _____ Social Security #: _____

Date of Marriage: _____ Number of Years Infertile: _____

Smoker: _____ yes _____ no Smoker: _____ yes _____ no

Name/Age/Sex of Children in the home and biological relationship(s): _____

Applicant _____ Spouse _____
Dates of Marriage(s) Dates of Divorce(s) Dates of Marriage(s) Dates of Divorce(s)

Applicant's
Employment: _____

Spouse's
Employment: _____

Do You Have A Current Homestudy? Yes ___ No ___ In Progress ___

Have You Ever Had A Homestudy Not Approved? Yes ___ No ___ (If "YES" please explain)

ADDITIONAL INFORMATION

(How Quickly Do You Want to go Through the Process?)

As Quickly As Possible _____
Within a Year _____

Just Getting Started _____
Other _____

Applicant:

Have You ever Terminated your Parental Rights to a Biological or Adopted Child?

Yes ___ No ___ (If "Yes" please Explain) _____

Spouse:

Have You ever Terminated your Parental Rights to a Biological or Adopted Child?

Yes ___ No ___ (If "Yes" please Explain) _____

NEDC APPLICATION POLICY REQUIRES YOU TO INCLUDE THE non-refundable APPLICATION FEE OF \$300 ALONG WITH YOUR APPLICATION. CHECKS CAN BE MADE OUT TO THE NATIONAL EMBRYO DONATION CENTER.

(an additional \$1200 fee will assessed once you are cleared to proceed with the homestudy and embryo transfer)

NEDC Use: Date Application Received: _____ Accepted: Yes ___ No ___

(If No – why?): _____

Date Placed on Waiting List: _____ Date Follow up Packet sent: _____

Date Follow Up Information Completed: _____ Date Matched: _____