

* Disregard this form if you filled out the application online *



11126 Kingston Pike
Knoxville TN 37934
Telephone: 865-777-2013
Toll Free: 866-585-8549
Fax: 865-777-2016
www.embryodonation.org

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 Spouse's Employment: _____ 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 _____ Just Getting Started _____

Within a Year _____ 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 nonrefundable APPLICATION FEE OF \$400 ALONG WITH YOUR APPLICATION. CHECKS CAN BE MADE OUT TO THE NATIONAL EMBRYO DONATION CENTER.

(an additional \$2100 fee will assessed once you are cleared to proceed with the home study 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: _____