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This letter certifies that on _____, a contract was executed between the parties listed below that meets **all** of the requirements of Section 25 of the Illinois Gestational Surrogacy Act.

Gestational Carrier or Surrogate

Husband of Gestational Carrier or Surrogate

Intended Parent

Intended Parent

Limit to the number of embryo transfer procedures performed: _____

Transfer procedures must be completed by: _____

Limit to the number of embryos transferred per attempt: _____

List any other restrictions on a separate page and return with this form.

All the parties listed above have been advised, in writing, that:

- 1) The Illinois Gestational Surrogacy Act is only enforceable if the baby is delivered within the State of Illinois.
- 2) Other states are not required to honor Illinois law
- 3) The provisions of this Act may not be enforceable if the fetus being carried for the intended parents is delivered outside of Illinois.

Attorney signature

Date

Please attach a copy of the signature page from the contract.