



MINOR'S DECLARATION OF INTENT TO BE CRYOPRESERVED

7895 East Acoma Drive, Suite 110
Scottsdale, AZ 85260-6916

I, **MEMBER NAME**, of **MEMBER ADDRESS** hereby declare that it is my wish that upon my legal death, my remains be preserved cryogenically or cryopreserved, and my preserved remains be stored with the hope of eventual reanimation.

The minor of such an age does hereby consent to the provisions of the Statement of Legal Guardianship, Cryopreservation Agreement and any other schedules or attachments which may be appended to this Agreement, Consent for Cryopreservation, and Last Will and Testament for Human Remains and Authorization of Anatomical Donation.

Minor Member Signature

_____\ ____\ 20____
Month Day Year

Witnesses:

Signature: _____

Printed Name: _____

Address: _____

Signature: _____

Printed Name: _____

Address: _____
