



This is to certify that I, _____, and my wife, _____, do hereby agree and grant permission to Dr. _____ to perform a sterilization procedure (vasectomy) on me. We understand this operation is designed, but not guaranteed, to render me permanently, but not immediately, sterile, and we should not consider the operation to be reversible. We understand that following this operation, I, _____, may never become the father of children. We understand we should continue to use birth control methods until two semen specimens have been tested and found to contain no sperm. The risks, complications and alternatives of this procedure have been discussed with us, and our questions have been answered. We hereby sign this statement of our own free will.

Signed: _____ Date: _____ Witness: _____
(Husband)

Signed: _____ Date: _____ Witness: _____
(Wife)