



\*\*\*The information contained in this form will be kept confidential\*\*\*

### Parent Registration

Date: \_\_\_\_\_ Seeking: Egg Donor Surrogate Both

*First and last name*

Partner #1: \_\_\_\_\_ Male Female

Partner #2: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Partner #1(Cell): \_\_\_\_\_ (Home) \_\_\_\_\_

Partner #1 E-Mail: \_\_\_\_\_

Phone Partner #2 (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Partner #2 E-Mail: \_\_\_\_\_

Relationship:

Couple: Married: \_\_\_\_\_ Committed Relationship: \_\_\_\_\_

Single: Male: \_\_\_\_\_ Female: \_\_\_\_\_

LGBT Couple: Male: \_\_\_\_\_ Female: \_\_\_\_\_

How long together? \_\_\_\_\_

Who is your fertility specialist if any? \_\_\_\_\_

Will spouse/partner1 be biological father? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If No, is the sperm donor Known: \_\_\_\_\_ Unknown: \_\_\_\_\_

Need Sperm from Sperm Bank: Yes: \_\_\_\_\_ No: \_\_\_\_\_

	Partner #1	Partner #2
Height	_____	_____
Weight	_____	_____
Hair	_____	_____
Eyes	_____	_____
Ethnicity	_____	_____
Date of Birth	_____	_____
City of Birth	_____	_____
Nationality	_____	_____
Education	_____	_____
Occupation	_____	_____

***Please describe your personality with 4 or 5 adjectives:***

Partner #1: \_\_\_\_\_

Please list your interests, hobbies and activities: \_\_\_\_\_

Partner #2: \_\_\_\_\_

Please list your interests, hobbies and activities: \_\_\_\_\_

Please list several qualities that you would consider to be important in a Surrogate:

\_\_\_\_\_

**Do you need an Egg Donor? Yes/No**

Please list several qualities that you would consider to be important in a Donor:

\_\_\_\_\_

**Wish for contact with the Surrogate before Birth?**

None: \_\_\_ Telephone: \_\_\_ Face to face: \_\_\_ Open: \_\_\_ How often contact: \_\_\_ Wish

for contact with Surrogate after Birth: Yes:      No:

**Financial Needs:**

For budgeting, note that Surrogacy cost in USA is around \$105,000.  
Overseas surrogacy cost is about \$39,000. Other costs are additional.

**Interested in Surrogacy in USA? Yes:      No      Overseas? Yes:      No:**

**Preferred Location: USA      Overseas      Reason? \_\_\_\_\_**

**Do you need Financial Assistance for the Surrogacy? No:      Yes:**

How many years have you experienced infertility? \_\_\_\_\_

Is this your first donor/surrogate procedure? Yes                      No

(If not, please comment on the outcomes of the other procedure(s): # of embryos, miscarriages, chemical pregnancy, etc.) : \_\_\_\_\_

How long have you been considering surrogacy? \_\_\_\_\_

What Options have you looked at?  
\_\_\_\_\_

Please discuss the following questions together and then record your responses on a scale of 1 to 5, with 5 being the HIGHEST and 1 being the lowest:

How would you rate your:	Partner #1	Partner #2?
<i>Comfort level with ovum donation</i>	_____	_____
<i>Level of hope for success with ovum donation</i>	_____	_____
<i>Satisfaction in your relationship</i>	_____	_____
<i>Commitment to becoming parents</i>	_____	_____
<i>Level of depression regarding infertility</i>	_____	_____
<i>Level of anxiety regarding infertility</i>	_____	_____

Have you had individual or group therapy? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Was the individual or group therapy specifically to help support you during your infertility procedures? Yes      No

Have you ever been on medication for any psychological condition? \_\_\_\_\_

If so, how long? \_\_\_\_\_ What was the medication? \_\_\_\_\_

Is there any history of mental illness in either of your families? \_\_\_\_\_

Which family member? \_\_\_\_\_ What was the mental illness? \_\_\_\_\_

Have either of you been accused and/or convicted of a crime in anyway related to child abuse?

Yes      No

Have either of you ever been accused and/or convicted of ANY crime?

Yes      No                      If so, please explain: \_\_\_\_\_

How did You hear about us? \_\_\_\_\_

Your Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**I certify that the information on this application is correct and may be subject to verification**

**Signed: Partner #1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Partner #2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FUTURE CONTACT RELEASE FORM**

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I, \_\_\_\_\_, understand that it is my responsibility to keep my Contact information (i.e. address and phone number) up-to-date with The Donor/Surrogate Program. If the Program is unable to contact me for a period of forty-eight (48) hours while *in cycle* or over four (4) attempts over a two-week time frame while *out of cycle*, I authorize the Program to contact the following individual to determine the best method for contacting me:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Please note that The Program respects your privacy and will not divulge any of your confidential information in attempts to contact you. We will simply state that it is the doctor's office calling and request a return phone call. Please indicate best phone number at which to contact you:

Best Phone Number to call you on \_\_\_\_\_

Additionally, it may become necessary for The Program to contact donors, recipients and surrogates at a future date regarding important medical and social information, even if they have withdrawn from the program at that time.

May we contact you in the future for important medical and social information?

YES Address \_\_\_\_\_

NO \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Signed: Partner1: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_

Signed: Partner2 \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_

Date \_\_\_\_\_