

APPLICATION FORM FOR INTENDED PARENTS EGG DONORS AND SURROGATES

2-2024VER.

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www.surrogacy4all.com
www.eggdonors4all.com

The information contained in these pages will be kept confidential

Please complete the following questionnaire in black ink and return
by fax or email to the above address

Questionnaire for Intended Parents

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? _____

Will spouse/partner be biological father? Yes: _____ No: _____

If no, is the sperm donor Known: _____ Unknown: _____

Need Sperm from Sperm Bank: Yes: _____ No: _____

Have Frozen Embryos available: Yes: No: Need Embryo Donor: Yes No

Embryo / Sperm Location: _____

	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: _____

Do you need an Egg Donor? Yes _____ No _____

Desired Ethnicity & Appearance of Egg Donor? _____

Please list several qualities important in a Donor: _____

Do you need a Surrogate? Yes _____ No _____

Desired Ethnicity of Surrogate? _____

Please list several qualities important in a Surrogate: _____

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: Are funds available for surrogacy? Yes _____ No _____

Need financing referral? Yes _____ No _____

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? _____

Present IVF Clinic, Address & Contact information: _____

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 any way 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: _____

Please complete this form and return it to us by mail or email for a FREE consultation on next steps. Please note that before the time of your consultation, we must have the following two items:

- 1) Your completed application
- 2) Driver License copy of both Partner1 and Partner2

****We CANNOT send any donor or surrogate profiles until we have both items****

DO NOT WRITE BELOW:

Agency: _____ Signed: _____
Name Date:

Agency Comments:

Referrals Needed for: (Circle one)

Legal Yes [____] No [____]

Egg Donation: Yes [____] No [____] Donor # Preferred _____

Surrogate: Yes [____] No [____] Surrogate # Preferred _____

Surrogacy Preferred Locations: _____

Escrow Account Yes [____] No [____]

Insurance Yes [____] No [____]

IVF Yes [____] No [____]

Financing Yes [____] No [____]

Travel Yes [____] No [____]

Birth Certificate Names: _____

Time Schedule: _____

Comments: _____

FUTURE CONTACT RELEASE FORM

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: _____

Signed: Partner2 _____

Date _____