

FAMILY FORMATION INTAKE FOR POST-SURROGACY FINALIZATION

INTENDED PARENT #1

Please provide your current, full legal name as it appears on your driver's license and other IDs.

First Name(s)

Middle Name(s)

PLEASE PROVIDE A COPY OF YOUR ID

Last Name(s) (& Suffix)

Please provide your full name as it currently appears on your birth certificate, if different than above.

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

PLEASE NOTE: In most states, when preparing birth certificates for your child, the Vital Records office will want to list your name as it appears on your birth certificate. **That means that if you have changed your name due to marriage, your child's birth certificate will list the name you were born with, not your current name.**

If you have legally changed your name through a court proceeding (NOT through marriage), and would like your new legal name to appear on your child's birth certificate, you will have to make sure you have updated your OWN birth certificate to reflect your name change.

Please provide the following demographic information, which is required for your child's birth certificates

Your Date of Birth:

State (if US) or Country where you were born:

Social Security number, if any:

Gender:

Race/Ethnicity:

Phone numbers where you can be reached (in order of preference):

Email Address:

Permanent Home Address (incl. Apt#):

City or Town:

County or Parish:

State (or Country if not USA):

Zip or Postal Code:

How long have you lived at the address?:

If this is an address outside the US, please indicate how your address should be properly formatted when we send correspondence to your country:

INTENDED PARENT #2, IF APPLICABLE

Please provide your current, full legal name as it appears on your driver's license and other IDs.

First Name(s)

Middle Name(s)

PLEASE PROVIDE A COPY OF YOUR ID

Last Name(s) (& Suffix)

Please provide your full name as it currently appears on your birth certificate, if different than above.

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

PLEASE NOTE: In most states, when preparing birth certificates for your child, the Vital Records office will want to list your name as it appears on your birth certificate. **That means that if you have changed your name due to marriage, your child's birth certificate will list the name you were born with, not your current name.**

If you have legally changed your name through a court proceeding (NOT through marriage), and would like your new legal name to appear on your child's birth certificate, you will have to make sure you have updated your OWN birth certificate to reflect your name change.

Please provide the following demographic information, which is required for your child's birth certificates

Your Date of Birth:

State (if US) or Country where you were born:

Social Security number, if any:

Gender:

Race/Ethnicity:

Phone numbers where you can be reached (in order of preference):

Email Address:

Full Address, if different:

RELATIONSHIP INFORMATION, IF APPLICABLE

Total length of your relationship

Date

City, State/Country

Marriage, if applicable

Civil Union, if applicable

Domestic Partnership Registry, if applicable

Have either of you previously been in a registered relationship and then dissolved it? If so, please describe.

Describe:

SURROGATE INFORMATION

Please provide surrogate's current, full legal name as it appears on her driver's license and other IDs.

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Please provide her **maiden name** as it currently appears on her birth certificate, if different than above.

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Please provide the following demographic information, which is required for your child's birth certificates

Date of Birth:

State (if US) or Country of birth:

Social Security number, if any:

Race/Ethnicity:

Phone:

Email Address:

Permanent Home Address (incl. Apt#):

City, State Zip:

If surrogate is **LEGALLY** married at the time of birth, please provide the following info for her spouse:

Spouse's full legal name:

Address, if different:

City, State Zip (if different):

Gender:

SURROGATE'S (OR OTHER) COUNSEL, IF APPLICABLE

Attorney Name:

Firm Name:

Attorney Address:

City, State Zip:

Phone:

Email Address:

Person representing, if not surrogate and her spouse:

SURROGACY DETAILS

Eggs used:

Sperm used:

Egg retrieval date:

Embryo transfer date:

of embryos transferred:

Pregnancy confirmation date:

of children expected:

Expected due date:

EXPECTED CHILD(REN)

Expected Child #1

First Name(s):

Middle Name(s):

Last Name(s) (& Suffix):

Gender:

Expected Child #2

First Name(s):

Middle Name(s):

Last Name(s) (& Suffix):

Gender:

Expected Child #3

First Name(s):

Middle Name(s):

Last Name(s) (& Suffix):

Gender:

Expected Child #4

First Name(s):

Middle Name(s):

Last Name(s) (& Suffix):

Gender:

IVF PHYSICIAN & FACILITY

Doctor Name:

Practice/Clinic Name:

Address:

City, State Zip:

Phone:

Email Address:

HOSPITAL WHERE EXPECTED TO DELIVER

Hospital Name:

Hospital Address:

City, State Zip:

Hospital Contact Name:

Phone:

Email Address:

BIRTH CERTIFICATES, COURT ORDERS, AND APOSTILLES

	<i># requested with Apostille</i>	<i># requested without Apostille</i>
Birth Certificate for each child:		
Consent of surrogate:		
Orders & Final Judgment(s):		

If apostilles requested, for which country should they be prepared?:

OTHER INFO TO NOTE: