



**PLEASE WRITE CLEARLY IN BLACK INK USING BLOCK CAPITALS**  
**Form for registering an anonymous donor as an identifiable donor**

Centre

Form B

**See overleaf for acceptable proof of identification**

**Proof of ID is attached**

This form is to be used by anyone who donated gametes or embryos before April 1, 2005 and who wishes to re-register in order to permit their name and other identifying information to be disclosed by the HFEA to people born as a result of their donation. Some donor-conceived people who apply for identifying information may wish to use this information to contact their donor in the future. Whenever identifying information is disclosed the HFEA will make every effort to inform the donor prior to the disclosure being made and to offer further advice about preparing for the possibility of contact with a donor-conceived person. For this reason it is very important that donors provide the HFEA with up-to-date contact details whenever they move house or change telephone number.

Please supply:

**Current Forename(s)**

**Current Surname**

Forenames at birth (if different from current)

Surname at birth (if different from current)

**Date of birth: day month year**

**Sex: Male Female**

Town or district of birth

Country of birth

House Name or Number

Street Name

Town

County

Postcode

Country

Contact Phone:  
(including area code)

NHS/N.I. Number

Private email address:

Please supply a password which we can use to verify your identity if we need to contact you. This should be easy for you to remember but difficult for anyone else to guess. It might be a memorable date, a pet's name, etc.

Please supply as many details of your previous donations as possible. This could include the clinic name, address and/or the donor number assigned to you.

Clinic details

Date(s) of donation(s)

**Important information for donors:** This form provides information as to your identity to a person who holds a licence issued by the HFEA. A copy of this form will be sent to the HFEA and stored on the HFEA's Register. A person over the age of 18 may make an application to the HFEA in support of section 31 of the Human Fertilisation and Embryology Act 1990 (as amended) to receive information stored on the HFEA's Register. If they appear, from information they provide and information stored on the Register, to have been conceived as a result of the use of your gametes the HFEA may give them the information as to your identity contained on this form and any other information that may be disclosed pursuant to the Human Fertilisation and Embryology Authority (Disclosure of Donor Information) Regulations 2004. Some donor-conceived people who apply for identifying information may wish to use this information to contact their donor in the future. You should consider carefully the implications of re-registering and discuss these with your family as **YOU CANNOT LATER REVERSE YOUR DECISION TO BE IDENTIFIED TO A DONOR-CONCEIVED PERSON IN THESE CIRCUMSTANCES**. The submission of this form does not affect your right to vary or withdraw your consent to the storage or use of any gametes that remain in storage.

**Your**

**Signature:**

**Date : Day**

**Month**

**Year**

| <b>PRIMARY PROOF</b>  | <b>SECONDARY PROOF</b>  |
|---|---|
| Full birth certificate<br>Marriage certificate<br>Deed poll documents<br>Valid Passport<br>Bank statement | Full driving licence<br>NHS medical card<br>Utility bill (dated within the last six months) |

**One item of primary and one item of secondary proof of identity is required in its original form. Please attach photocopies to this form.**