



Use this form if you are or think you may be donor-conceived and would like information from the HFEA register.

Things to consider:

Obtaining information from the HFEA Register may raise some unexpected feelings and you may wish to talk the decision through with someone before submitting a formal application.

Your donor may be different from how you imagined him or her to be, or you may discover you have a number of donor-conceived siblings or none at all. You may also find that your donor has not given additional information about themselves, or if they have, some of this information may be redacted if it could identify them.

If you wish to consider using professional counselling or similar support services in order to reflect on the possible effect this information might have on you, please visit www.hfea.gov.uk for details of possible organisations to contact.

1. About you

First name(s)

Surname:

First name(s) at birth: (if different from above)

Surname at birth: (if different from above)

Date of birth:

Gender:

Place of birth

Country of birth

2. Contact details

Please supply us with your current contact details to which you would like us to send any correspondence.

House name or number:

Street name:

Town:

Postcode:

Country:

Contact number:

Email address:

* The HFEA is required to keep a statutory Register under section 31(1) of the Human Fertilisation and Embryology Act 1990 (as amended). Submission of this form represents notice to the HFEA to comply with the requests for information under 31ZA.



Your parents

(please note that if you are adopted we require the details of your natural parents)

3.

Birth mother's details

First name(s) at the time of treatment:

Surname at the time of treatment:

First name(s) at her birth:

Surname at her birth:

Mother's date of birth

Place of birth

Country of birth

Clinic(s) where your mother received treatment (if known):

4.

Father's/Second Parent's details

First name(s) at the time of treatment:

Surname at the time of treatment:

Father's date of birth

Place of birth

Country of birth



Counselling

The HFEA recommends that you receive counselling or similar support services on the implications of you receiving information from the HFEA register.

Please visit www.hfea.gov.uk for information on where you could go for counselling.

5. Information requested

Please confirm the information you wish to receive:

Whether you were born with the use of
donated sperm, eggs or embryos

Yes No

If yes, {
Non-identifying information about the donor
Identifying information (if available) about the donor

Yes No

Yes No

Information on other donor-conceived genetic siblings

Yes No

Information about the Donor Sibling Link

Yes No

By signing below you consent to the HFEA processing your personal data for the purpose of complying with this request and its statutory obligation under the Human Fertilisation and Embryology Act 1990 (as amended).

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Proof of identity

Owing to the confidentiality requirements of the Human Fertilisation and Embryology Act 1990 (as amended), we must verify your identity before we can respond to any requests for information from the HFEA Register. We therefore require proof of identity and proof of address:

Identity: A valid passport or birth certificate

If you are supplying a birth certificate but have changed your name, please supply a copy of a marriage certificate or deed poll document.

Address: A recent utility bill or credit card statement showing your current address no more than three months old

Please note we can only accept original identity documents or copies that have been certified by a solicitor. We recommend that such documentation is sent to the HFEA using a secure method of delivery. We will return these documents immediately by recorded delivery.

Your signature

X

Date

The HFEA will respond to your request for information within 20 working days of receipt of this form and identity documentation.

Please note that the HFEA accepts no responsibility for the impact that the information provided in response to your request has on you or any other person. The HFEA accepts no responsibility whatsoever for accidental loss or mishandling of documents that you submit with this application that is outside its premises and control.

Please note that the information you are applying for is based on data supplied by individual clinics, which are responsible for its accuracy.

6. Submission of form

Please return this completed form with the ID documents to:

Information Team
HFEA
Finsbury Tower
103-105 Bunhill Row
London EC1Y 8HF