



Use this form if you are donor-conceived and:

- would like to find out if you might be related to a person whom you intend to marry; OR
- would like to find out if you might be related to a person with whom you propose to enter into a civil partnership; OR
- are over 16 years, and would like to find out if you might be related to a person with whom you are (or intend to enter into) an intimate physical relationship.

Things to consider:

Obtaining information from the HFEA Register may raise some unexpected emotions and you may wish to talk the decision through with someone before submitting a formal application. You may also wish to seek professional counselling or similar support services, on the implications of accessing information from the HFEA. 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 31ZB.



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 (if different from above):

Surname at her birth (if different from above):

Mother's date of birth

Place of birth

Country of birth

Clinic(s) where your mother received treatment:

4. Father'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



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 required for both applicants

In order to provide you with the information you have requested we require your intended partner to submit identity documentation and fill in the intended partner's details on pages 4-5.

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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 identities before we can respond to any requests for information from the HFEA Register. We therefore require proof of identity and proof of address for you and your intended partner:

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

Date

The HFEA will use the information you have provided in this application form and in any documents you submit together with your application, to conduct a search of its register of information as defined in section 31 of the Human Fertilisation and Embryology Act 1990 (as amended).

The purpose of the search is to establish whether you might be related to your intended spouse/partner. Where the data held on the HFEA register is incomplete, the HFEA may use the information provided in this application form and any documents you submit together with your application, to contact the HFEA licensed centre(s) where your parent(s) underwent treatment for the purpose of gathering further data to assist in conducting the search of the register.

Once the HFEA has undertaken the search and where necessary contacted any centre(s), we will write back to you and your intended spouse/partner if he/she has indicated that they wish to be advised of the outcome, within 20 working days.

The information you have provided will only be used by the HFEA for the purposes described and will be destroyed 12 months from the date that the search is completed. The outcome of the search will not be made available to anyone other than you and your intended spouse/partner if he/she wishes to be notified of the outcome.

Please note that the HFEA accepts no responsibility for the impact that the information has on you or any other person. The HFEA accepts no responsibility whatsoever for accidental loss or mishandling of information 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.



Use this form if you are the intended partner of a donor-conceived individual.



Intended partner's details

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



Your parents

2. Birth mother's details

First name(s) at the time of your birth:

Surname at the time of your birth:

First name(s) at her birth:

Surname at her birth:

Mother's date of birth

Place of birth

Country of birth

3. Father's details

First name(s) at the time of your birth:

Surname at the time of your birth:

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.

4. Intended partner's signature

By signing below you give the HFEA consent to inform your intended partner whether you might be related to them as a result of assisted reproductive technology.

In doing so I understand that this may include the fact that I may have been born as a result of treatment with donated gametes.

Intended partner's signature

Date

Do you want to be informed of the results of the Register search?

Yes

No

Please supply a secure address for correspondence:

5. 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