



About this form

Who should fill in this form?

Fill in this form if your partner is receiving treatment using donor sperm, or embryos created in vitro using donor sperm, and you wish to be the legal parent of any child born from your partner's treatment.

Why do I have to fill in this form?

*If you are **not** married or in a civil partnership*

Under the Human Fertilisation and Embryology Act 2008, you can be the legal parent of any child born from your partner's treatment – as long as both you and your partner give your consent to this in writing.

If you are married or in a civil partnership

You will automatically be the legal parent of any child born from your partner's treatment and you should complete this form to confirm that you do not object.

However, if you wish to be the legal parent of any child born from your partner's treatment after your death you **must** consent in writing by completing this form.

Both you and your partner can make changes to or withdraw your consent at any point until the time of sperm, egg or embryo transfer. If you would like to change or withdraw your consent, you should ask your clinic for new forms.

Before filling in this form

Before you fill in this form, your clinic should make sure that you receive all the relevant information you need about your partner's treatment and the implications of giving your consent to being the legal parent. You should also have been given an opportunity to receive counselling about this.

Why is there a declaration on every page of this form?

There is a declaration on every page where you sign to confirm that you have completed the section or page and fully agree with the consent and information given.

After filling in this form

After you have filled in this form, make sure that you have a photocopy of it.

1 About you

1.1 **Your first name(s)** *Place clinic sticker here*

1.2 **Your surname**

1.3 **Your date of birth**

1.4 **Your NHS/CHI/passport number** *(please circle)*

1.5 **Your sex**

Male Female

For clinic use only

HFEA centre reference

Patient number *Assigned by clinic*

Other relevant forms

2 About your partner

2.1 **Your partner's first name(s)** *Place clinic sticker here*

2.2 **Your partner's surname**

2.3 **Your partner's date of birth** 2.4 **Your partner's NHS/CHI/passport number (please circle)**

3 About your consent

3.1 **Your consent to being the legal parent**
 I consent to being the legal parent of any child born from my partner's treatment (named in section 2).

4 In the event of your death

You may also wish to decide whether, in the event of your death, you would like to be registered as the legal parent of any child born from treatment (with embryos created before your death) provided to your partner after your death.

4.1 **Do you consent to embryos created before your death being transferred to your partner after your death, and to being registered as the legal parent of any child born from your partner's treatment after your death (ie, posthumous birth registration)?**

By ticking yes, you consent to the following:

- I consent to my name, place of birth and occupation being entered on the register of births as the legal parent of any child born from my partner's treatment.

The register is kept under the Birth and Deaths Registration Act 1953, or the Births and Deaths Registration (Northern Ireland) Order 1976, or the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

- I also consent to my information (relating to my partner's treatment) being disclosed to one of the following registrars:
 - the Registrar General for England and Wales
 - the Registrar General for Scotland
 - the Registrar for Northern Ireland.

Please note that being recorded in the register of births as the legal parent of a child born from your partner's treatment does not transfer any inheritance or other legal rights to the child.

No Yes

Page declaration

Your signature **Date**

5

Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section 1 of this form.
- I declare that:
 - before I completed this form I was given information about the different options set out in this form, and I was given an opportunity to receive counselling,
 - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
 - I understand that I can make changes to or withdraw my consent at any time until the eggs, sperm or embryos have been transferred.
- I declare that the information I have given on this form is correct and complete.
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my partner’s treatment, or a data controller – as defined in section 1 of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990, as amended), or for record storage and archiving purposes.

Your signature

Date

If signing at the direction of the person consenting

If the person consenting is unable to sign for him or herself because of physical illness, injury or disability, someone else representing the person can sign the form at his or her direction. There must also be a witness confirming that the person consenting is present when the representative signs the form.

Representative’s declaration

- I declare that the person named in section 1 of this form is present at the time of signing this form and I am signing it in accordance with his or her direction as a record of his or her consent.

Representative’s name

Representative’s signature

Relationship to the person consenting

Date

Witness’s name

Witness’s signature

Date