



About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK's independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

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

What do I need to know before filling in this form?

Before you fill in this form you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
 - the different options set out in this form
 - the implications of giving your consent
 - the consequences of withdrawing this consent, and
 - how you can make changes to, or withdraw, your consent.
- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability you may direct someone else to complete and sign it for you. However, if you are consenting to being registered as the legal parent of any child born as a result of treatment after your death (see section 4.1), you **must** sign the form yourself.

Why do I have to fill in this form?

If you are not married or in a civil partnership: by law (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 written consent to this by completing this form. You must do this before sperm, egg or embryo transfer.

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.

In both cases, you **must** consent in writing if you would like to be registered as the legal parent of any child born from you partner's treatment if you were to die.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.

For clinic use only (optional)

HFEA centre
reference

Patient number assigned by clinic

Other relevant forms

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/HCN/passport number**
(please circle)

1.5 **Your sex**

 Male Female

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/HCN/passport number**
(please circle)

3 Your consent

3.1 **Your consent to being the legal parent**

Please tick the box next to the statement below to confirm your consent.

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

4 In the event of your death

This section allows you to say 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 and provided to your partner after your death).

▶▶▶▶ Continues on the next page

Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

PP page 2 of 4

4 In the event of your death *continued*

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.

Yes No

5 Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section one 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 have 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 one 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

X

Date

□ □ □ □ □ □

▶▶▶▶ Continues on the next page

5 Declaration *continued*

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because they are unable to sign themselves due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form. However, if the person consenting consented to being registered as the legal parent after their death (that is if they ticked yes to question 4.1), they **must** sign the form for themselves.

Representative's declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with their direction as a record of their consent.

Representative's name

Representative's signature

Relationship to the person consenting

Date

Witness's name

Witness's signature

Date