Your consent to being registered as the legal parent in the event of your death

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 you are:

- married or in a civil partnership with your partner who is undergoing treatment, and
- your partner is receiving treatment using embryos created outside the body (in vitro) using donor sperm and either her own or donor eggs, and
- you wish to be registered as the legal parent to any child born if you die before embryos (that were created before your death) are transferred to your partner.

You must sign the form yourself. You may not direct someone else to complete and sign the form for you.

If you are using donor sperm but are not married or in a civil partnership, you should complete the ‘Your consent to being the legal parent’ (PP) form and not this form.

Why do I have to fill in this form?
If an embryo is transferred to your partner while you are alive, then as long as you and your partner are married or in a civil partnership, you will automatically be the legal parent of any child born. However, this would not be the case in the unfortunate event that you died before embryo transfer took place.

By law, you must give your written consent if you want to be registered as the legal parent of any child born from embryos that have been created before your death that are transferred to your partner after your death. That’s what this form is for. While it may be something you prefer not to think about, it’s important that you do to ensure you have everything covered from a legal perspective if this were to happen.
What do I need to know before filling in this form?

Make sure that your clinic has given you all the relevant information you need to make fully informed decisions. This includes an opportunity to have counselling and information about:

- the implications of giving your consent
- the consequences of making changes to this consent, and
- how and when you can make changes to your consent.

This is a complex subject. If you’re unsure about anything, 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.

This consent only applies to embryos created with donor sperm before your death. If embryos are created with donor sperm after your death, it is not possible for you to be named as the father or second legal parent, even if you have given your consent.

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

1. **About you**

   First name(s)  
   Surname

   Date of birth  
   NHS/CHI/HCN/passport number (please circle)

2. **About your partner**

   Your partner’s first name(s)  
   Your partner’s surname

   Your partner’s date of birth  
   Your partner’s NHS/CHI/HCN/passport number

Page declaration signature  
Date
Birth registration in the event of your death

If you die after embryos have been created using donor sperm for your partner’s treatment, but before your partner has the embryos transferred, then you are only able to be registered as the parent of the resulting child if you have consented to this in writing. This is known as posthumous birth registration.

2.1. **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.

☐ Yes ☐ No

**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.**

3. **Declaration**

Please sign and date the 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 changing this consent, have been fully explained to me, and
  - I understand that I can make changes to my consent at any point until the time of embryo transfer.

- I declare that the information I have given on this form is correct and complete.

- I understand that information on this form may be processed and shared for the purposes of, and in connection with, the conduct of licensable activities under the Human Fertilisation and Embryology Act 1990 (as amended) in accordance with the provisions of that act.

Your signature __________________________ Date D D M M Y Y