

## Stating your spouse or civil partner's lack of consent

### 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](http://www.hfea.gov.uk).

#### Who should fill in this form?

Fill in this form if you are a woman having fertility treatment with donor sperm or embryos and you do not want your spouse or civil partner to be treated as the legal parent of any child born from your treatment because they do not consent to your treatment (a lack of consent). This may be because they do not agree with you having treatment or you are separated so they are unaware that you are having treatment.

This form is intended to provide evidence of the facts at the time of conception, to help determine whether your spouse or civil partner is treated as the other legal parent of any child you conceive (of which he or she is not a biological parent).

**If you do not wish your spouse or civil partner to be the legal parent of any child born as a result of your treatment, you are strongly advised to seek your own legal advice.**

#### 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 appropriate evidence that is required to demonstrate your spouse or civil partner's lack of consent to your treatment
- the implications of your spouse or civil partner's lack of consent to your treatment, and
- the fact that you should demonstrate your spouse or civil partner's lack of consent to your treatment before each egg, sperm or embryo transfer.

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 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.

#### Why should I fill in this form?

By law, your spouse or civil partner will automatically be the legal parent of any child born from your fertility treatment (even though they may not be the biological parent), unless it can be shown that they did not consent to your treatment.

The purpose of this form is to record the facts about why, in your view, your spouse or civil partner does not consent to your treatment.

Completing this form does not guarantee that your spouse or civil partner will not be the legal parent of any child born from your fertility treatment. If legal parenthood is disputed, it will be for the family court and/or births registrar to determine, but this form can be used as evidence that, in your view, your spouse or civil partner did not consent to your treatment.

Your clinic should give you more information about the purpose of this form.

**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 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)

         

## 2 About your spouse or civil 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 Stating your spouse or civil partner's lack of consent

3.1 Please state your spouse or civil partner's lack of consent by ticking the box next to the statement below.

- I cannot demonstrate that my partner consents to my treatment (there is a lack of consent) and therefore they should not be treated as the legal parent of any child born from my treatment.

Please provide appropriate evidence on the next page to demonstrate the facts around why your spouse or civil partner does not consent to your treatment eg, if you and your spouse/civil partner are separated and he or she is not aware of your treatment.

If you cannot demonstrate this, your spouse or civil partner will be the legal parent of any child born as a result of your treatment.

**You are strongly advised to seek your own legal advice.**

▶▶▶▶ Continues on the next page

## Page declaration

Your signature

Date

     

For clinic use only (optional)

Patient number

LC page 2 of 5

**Declaring your spouse or civil partner's lack of consent**

Sign and date below.

**Your signature****Date**

**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 appropriate evidence that is required to demonstrate my spouse or civil partner’s lack of consent to my treatment
  - the implications of my spouse or civil partner’s lack of consent to my treatment have been fully explained to me, and
  - I understand that I should demonstrate my spouse or civil partner’s lack of consent to my treatment before each egg, sperm, or embryo transfer.
- I declare that the information I have given on this form is true and complete.
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, donation or storage, 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**

**Date**
     
**If signing at the direction of the person stating lack of consent**

If you have completed this form at the direction of the person stating lack of consent (because she is unable to sign herself due to physical illness, injury or disability) you must sign and date below.

There must also be a witness confirming that the person stating lack of consent is present when you sign the form.

**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 her direction.
- I declare that the person named in section one has declared before me and the witness that:
  - before she completed this form, she was given information about the appropriate evidence that is required to demonstrate her spouse or civil partner’s lack of consent to her treatment
  - the implications of her spouse or civil partner’s lack of consent to her treatment have been fully explained to her, and

▶▶▶▶ Continues on the next page

– she understands that she should demonstrate her spouse or civil partner’s lack of consent to her treatment before each egg, sperm, or embryo transfer.

- I declare that the person named in section one has declared before me and the witness that the information she has given on this form is true and complete.
- I declare that the person named in section one has declared before me and the witness that she consents to the clinic (or any subsequent HFEA-licensed clinic that may become involved in her treatment, donation or storage, 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.

**Representative’s name**

**Representative’s signature**

**Relationship to the person consenting**

**Date**

**Witness’s name**

**Witness’s signature**

**Date**