



# Your consent (as a surrogate) nominating an intended parent to be the legal parent

## 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 surrogate and:

- you wish to **nominate one of the intended parents** commissioning the surrogacy arrangement (other than the biological father) to be the legal parent of any child born as a result of this treatment upon birth, and
- you are **not married or in a civil partnership** (or your spouse or civil partner does not consent to your treatment).

### Who should not fill in this form?

You should not complete this form if you are:

- married or in a civil partnership and your spouse or civil partner consents to your treatment (your spouse or civil partner will be the other legal parent), or
- not married or in a civil partnership and wish the intended biological father to be the legal father (he will automatically be the legal father if no-one else has been nominated as a legal parent).

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

Before filling 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.

**You are strongly advised to seek your own legal advice before entering into a surrogacy arrangement.**

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 do I have to fill in this form?

The surrogate will be the legal mother of any child born from the surrogacy treatment when they are born. By law (the Human Fertilisation and Embryology Act 2008), someone other than the biological father can be nominated as the second legal parent – as long as both the nominated parent and the surrogate give notices consenting to this in writing before sperm, egg or embryo transfer.

**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 (the surrogate)

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 the nominated intended parent

2.1 The nominated parent's first name(s)

*Place clinic sticker here*

2.2 The nominated parent's surname

2.3 The nominated parent's date of birth

2.4 The nominated parent's  
NHS/CHI/HCN/passport number  
(please circle)

## 3 Your consent

3.1 Your consent to the nominated intended parent being the legal parent

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

- I consent to the person named in section two being the legal parent of any child born from my treatment.

## Page declaration

Your signature

Date

For clinic use only (optional)

Patient number

SWP page 2 of 3

**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 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 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**

**Date**
     
**If signing at the direction of the person consenting**

If you have completed this form at the direction of the person consenting (because she is unable to sign for herself 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.

**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 as a record of her consent.

**Representative's name**

**Representative's signature**

**Relationship to the person consenting**

**Date**
     
**Witness's name**

**Witness's signature**

**Date**