

**ADULT PERSON BORN AS A RESULT OF A SURROGACY ARRANGEMENT**

**DETAILS PROVIDED VOLUNTARILY FOR DISCLOSURE TO BIRTH PARENTS &/OR EGG/SPERM DONORS**  
*(Assisted Reproductive Technology Act 2007, section 41G)*

PLEASE INDICATE REGISTRATION TYPE:       NEW      or       UPDATING

**INFORMATION TO BE ENTERED ON THE CENTRAL REGISTER** (any or all sections may be answered)

All information on this Form will be entered on the Central Register and available for disclosure according to the *Assisted Reproductive Technology Act 2007*.

**APPLICANT DETAILS** (details of the person who was born as a result of the surrogacy arrangement )

<b>First name:</b>		<b>Middle name/s:</b>	
<b>Last name:</b>			
<b>Date of birth:</b> dd/mm/yyyy	____/____/____	<b>Place of birth:</b>	
<b>Residential address:</b>	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		
<b>Postal address:</b> (If different from residential address)	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		
<b>1. Your medical history and any genetic test results:</b>			
Medical history and any genetic test results of the individual or the individual's family that are relevant to the future health of the birth parent or donor or any descendant's of the birth parent or donor.			
<b>2. Details of ART provider and date of treatment:</b>			
Name of the ART provider who performed the ART treatment and date of the treatment if known.			
<b>Name of ART provider</b>		<b>Date of treatment</b>	
<b>3. Other information :</b>			
Any other information you may wish to disclose to your birth parent or gamete donor.			

