

## CENTRAL REGISTER – SURROGACY ARRANGEMENT REGISTRATION

*(Assisted Reproductive Technology Act 2007, section 41B)*

PLEASE INDICATE REGISTRATION TYPE:       NEW                      or                       UPDATING

**CHILD DETAILS** (Details of the child born as a result of the surrogacy arrangement – use a separate form for each child born)

Surname: \_\_\_\_\_

Given name/s: \_\_\_\_\_

Date and place of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
(including suburb, town or city of birth as well as the country of birth)

Sex (Gender):              Male                       Female

**BIRTH PARENT DETAILS**

(Details of a person who was recognised at law as being a parent of the child when the child was born. This is not the person who is an intended parent of the surrogacy arrangement)

Surname: \_\_\_\_\_

Given name/s: \_\_\_\_\_

Date and place of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
(including suburb, town or city of birth as well as the country of birth)

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address:  
(if different from above) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Ethnicity and physical characteristics (including but not limited to hair colour, eye colour, skin colour):

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Medical history or genetic test results of the birth parent or the birth parent’s family that are relevant to the future health of a child born as a result of the surrogacy arrangement, or the child’s descendents:

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\_\_\_\_\_

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**BIRTH PARENT DETAILS – COMPLETE THIS SECTION IF MORE THAN ONE BIRTH PARENT**

(Details of a person who was recognised at law as being a parent of the child when the child was born. This is not the person who is an intended parent of the surrogacy arrangement)

Surname: \_\_\_\_\_

Given name/s: \_\_\_\_\_

Date and place of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (including suburb, town or city of birth as well as the country of birth)

Residential address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

(If different from above) \_\_\_\_\_

\_\_\_\_\_

Ethnicity and physical characteristics (including but not limited to hair colour, eye colour, skin colour):

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Medical history or genetic test results of the birth parent or the birth parent's family that are relevant to the future health of a child born as a result of the surrogacy arrangement or the child's descendents:

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**DONOR DETAILS** (Details of the person who donated a gamete in a surrogacy arrangement if known)

Surname: \_\_\_\_\_

Given name/s: \_\_\_\_\_

Date and place of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
(including suburb, town or city of birth as well as the country of birth)

Residential address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal address:  
(if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ethnicity and physical characteristics (including but not limited to hair colour, eye colour, skin colour):  
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Medical history or genetic test results of the donor or the donor's family that are relevant to the future health of a child born as a result of the surrogacy arrangement or the child's descendants:  
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*If there is more than one donor in the surrogacy arrangement, complete the gamete donor section for the second donor on a separate form and attach to this form.*

**BIOLOGICAL BROTHER OR SISTER OF CHILD BORN AS A RESULT OF A SURROGACY ARRANGEMENT**

(All siblings of the child born through the surrogacy arrangement, whether full sibling or half sibling)

Year of Birth	Sex (Gender)

**AUTHENTICATION**

By person completing *Central Register – Surrogacy Arrangement Registration Form*

\_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Relationship in the surrogacy arrangement: Intended parent or birth parent) \_\_\_\_\_ (Date)

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone contact: \_\_\_\_\_  
(So that information can to be clarified by registry officers)

*For assistance contact Regulation and Compliance Unit, Legal and Regulatory Services during business hours on (02) 9424 5955.*

*Completed forms with the required documents may be submitted by email or post.*

Email to: [MOH-ARTPHCU@health.nsw.gov.au](mailto:MOH-ARTPHCU@health.nsw.gov.au)

**Note:** *Email correspondence is preferred*

Postal Address: *Regulation and Compliance Unit  
Legal and Regulatory Services  
NSW Ministry of Health  
Locked Mail Bag 2030  
St Leonards NSW 1590*