

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):

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 descendants:

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):

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:

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):

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 descendents:

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)

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

Please complete and post to: Regulation and Compliance Unit
Legal and Regulatory Services
NSW Ministry of Health
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

Contact details: Email: artphcu@doh.health.nsw.gov.au
Telephone: (02) 9424 5955