AFFIRMATION OF PARENTAL STATUS INTAKE

Client Information	Received:
Parent #1 Full Name:	Social Security No.:
Birth date:	Birthplace:
Race:	No. of years in state:
Date and place of marriage:	
Prior marriages (number):	Ended in: Divorce [] Death []
Parent #2 Full Name:	Social Security No.:
Birth date:	Birthplace:
Race:	No. of years in state:
Prior marriages (number):	Ended in: Divorce [] Death []
Address:	
County:	Own home [] Rent home []
Work phone (Parent #1):	Home phone:
Work phone (Parent #2):	Fax:
E-mail(s):	
Conception Information	

Eggs:Parent#1's [] Parent #2's [] 3d Party Donor's [] Surrogate's []Sperm:Parent#1's [] Parent #2's [] 3d Party Donor's []

<u>Baby</u>

Name:	
	Father's name on initial birth certificate:
Hospital (Name, City, County):	
Gestational Surrogate	
Full Name:	
Address:	Phone:
	Email:
	Birth date:
Marital status: Husband'	s name:
Is she currently represented by	an attorney? If so, please provide
Attorney's name and contact inf	o:
<u>Fertility</u> Doctor:	Phone:
Address:	Fax:
Hospital:	
Address:	

Executed Contract If our office does not already have it, enclose an original executed Gestational Surrogacy Contract between and among the Parties.

IMPORTANT: In order for us to apply for a new birth certificate at the time of the final hearing, we will need you to provide us with the name(s) of the child or children, the birth mother's maiden name as it appears on the original birth certificate and the birth father's name (if any) as it appears on the original birth certificate (if surrogate is unmarried, this may be the intended father's name). The surrogate provides this information to the hospital after the birth of the child/children and she should make it available to you.