

INTENDED PARENT APPLICATION

INTENDED PARENTS

PARENT 1: Last _____ First _____ Middle _____

PARENT 2: Last _____ First _____ Middle _____ Maiden _____

ADDRESS: _____ City _____ State ____ Zip _____

PHONE: Home (____) _____ Fax (____) _____ Mobile Phone (____) _____

PARENT 1's EMAIL _____ PARENT 2's EMAIL _____

MARRIAGE : Date _____ Place _____

RESIDENCE: How long have you lived at the above address? _____ Do you Own / Rent ? _____

OCCUPATION: Parent 1 _____ Business Telephone (____) _____

Employer _____ Address _____

OCCUPATION: Parent 2 _____ Business Telephone (____) _____

Employer _____ Address _____

PERSONAL

PARENT 1

PARENT 2

Place of Birth: _____ Age _____

Place of Birth: _____ Age _____

Social Security Number : _____

Social Security Number : _____

Driver's License Number _____

Driver's License Number _____

Date of Birth: ____/____/____ Religion _____

Date of Birth: ____/____/____ Religion _____

Race _____ Nationality _____

Race _____ Nationality _____

Height _____ Weight _____

Height _____ Weight _____

Hair Color _____ Eye Color _____

Hair Color _____ Eye Color _____

Health Insurance Company _____

Health Insurance Company _____

Have you ever been arrested? _____

Have you ever been arrested? _____

If yes, please explain _____

If yes, please explain _____

Educational Degree _____

Educational Degree _____

Major: _____

Major: _____

College: _____

College: _____

Post-Graduate Education: _____

Post-Graduate Education: _____

MAILING ADDRESS:

6586 Hypoluxo Rd #360
Lake Worth, FL 33467

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If each member of the couple is a different religion, under what religion or belief will the child be raised? _____

If both members of the couple are employed, will a leave-of-absence be taken or employment terminated in order to take care of your child? _____ If yes, by whom and for how long? _____

Does either member of the couple drink? _____ If so, with what frequency? _____

Does either member of the couple smoke cigarettes? _____ If so, how many per day? _____ How long? _____

Have you ever participated in counseling? _____ If yes, please explain. _____

CHILDREN

PARENT 1

Number of Biological Children _____

Number of Adopted Children _____

Names & Ages of Children _____

Where do the children reside? _____

PARENT 2

Number of Biological Children _____

Number of Adopted Children _____

Names & Ages of Children _____

Where do the children reside? _____

PRIOR MARRIAGES

PARENT 1

Date of Prior Marriage: _____

Date and Place of Termination: ___/___/___ _____

PARENT 2

Date of Prior Marriage: _____

Date and Place of Termination: ___/___/___ _____

Have you ever filed for divorce, separation or annulment of this marriage? _____ If yes, please explain _____

HOBBIES & INTERESTS

PARENT 1

PARENT 2

FINANCIAL STATUS

PARENT 1

Annual Income _____

Amount in Savings _____

Other Investments _____

PARENT 2

Annual Income _____

Amount in Savings _____

Other Investments _____

IN ORDER THAT WE MAY BETTER UNDERSTAND YOUR HISTORY AND ASSIST IN EXPANDING YOUR FAMILY, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Do you have an infertility diagnosis? _____

Please briefly explain your history _____

Have you seen a reproductive endocrinologist or other specialist regarding your infertility? _____

Who? _____ When? _____

Has a medical doctor confirmed that you are a candidate for surrogacy or the assistance of an egg/sperm donor? _____

Are you considering: Gestational Surrogacy _____ Traditional Surrogacy _____ Egg Donor _____ Sperm Donor _____

Have you already identified a surrogate or donor? _____

SELECTING YOUR SURROGATE/ DONOR

Are you willing to give identifying information to your surrogate/donor, such as your last name and address? _____

Would you like to use a particular doctor for the insemination/embryo transfer? _____ Who? _____

Do you wish to attend your surrogate's prenatal appointments? _____

In the event a multiple pregnancy is achieved, would you consider requesting your surrogate undergo selective reduction?

Would you require your surrogate undergo amniocentesis if it is not required by her treating physician? _____

In the event laboratory testing indicates fetal abnormalities, would you request the surrogate terminate the pregnancy?

Do you intend to explain to your child how surrogacy or egg/sperm donation assisted you in becoming a parent?

REFERRAL

How were you referred to our office? _____

PHOTO: Please include a current photograph of yourself.

SIGNATURE

Your signature below indicates that information contained in this Surrogacy Application is true and correct at the time of completion and will be updated by you should any events occur in your lives which render the information herein inaccurate prior to finalization of your surrogacy matter.

Parent 1

Date

Parent 2

Date

The hiring of a lawyer is an important decision that should not be based solely upon advertisements. Before you decide, ask us to send you free written information about our qualifications and experience.