

### 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

Place of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number : \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Religion \_\_\_\_\_

Race \_\_\_\_\_ Nationality \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Educational Degree \_\_\_\_\_

Major: \_\_\_\_\_

College: \_\_\_\_\_

Post-Graduate Education: \_\_\_\_\_

##### PARENT 2

Place of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number : \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Religion \_\_\_\_\_

Race \_\_\_\_\_ Nationality \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Educational Degree \_\_\_\_\_

Major: \_\_\_\_\_

College: \_\_\_\_\_

Post-Graduate Education: \_\_\_\_\_

#### OFFICE LOCATIONS:

2423 Quantum Blvd., Boynton Beach, FL 33426 (Mailing Address)

8201 Peters Road, Suite 1000, Plantation, FL 33324

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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.