

PARENT OF DONOR OFFSPRING UNDER 18 REGISTRATION FORM

EACH PARENT WISHING TO BE REGISTERED SHOULD COMPLETE A SEPARATE FORM

Information about your child		Please print clearly and tick appropriate options	
Surname (family name)		Given name(s)	
Date of birth	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>
Place of birth (including state, or if born outside Australia, country)			
Information about you			
Who is registering on this form?		Mother <input type="checkbox"/>	Father <input type="checkbox"/>
Mother's Title	Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/>	Father's Title	Mr <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/>
Mother's surname		Father's surname	
Mother's Maiden name		Father's given names	
Mother's given names		Father's date of birth	
Mother's date of birth			
If you are/were in a same sex relationship : Full name of other Parent			
Date of Birth		Comment	
Contact Details			
Address			
Suburb		State	Postcode
PO Box Address			
Mobile		Home phone	Work
Can we leave a message identifying Jigsaw DNA at these numbers?			
Mobile: Yes <input type="checkbox"/> No <input type="checkbox"/>		Home : Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email (please print)			

Donation Information

Type of donation Sperm Egg Embryo Date of treatment (if known)

Donor Code

Voluntary Register Number

(those previously registered
with the Health Department)

The donor code is essential for matching. Parents can contact the clinic where treatment took place to ask for non-identifying information about their donor and obtain the donor code.

Alternatively, would you prefer Jigsaw DNA to contact the clinic to ask for your donor code? Yes No

Name and address of Clinic/ hospital or other location where donation occurred (if known)

Who are you searching for? (you may wish to tick more than one option)

Donor Childs Sibling Parents of child's siblings

Have you had any contact with your donor? Yes No

If yes, when did contact occur and what is their name?

Have you had any contact with any siblings? Yes No

If yes, when did contact occur and what are their names?

What happens if there is a match

We will contact you and discuss your wishes and how you want to proceed. Some people may just want to leave or exchange information, some may want full contact. Your contact details will not be given out without your consent. If a match is made you will need to provide identification.

Please note, parents will only be informed of a match whilst their child is under 18 years old.

Remember to update your contact details if they change.

Authority

I give permission for the information in this registration to be shared with any government body authorised to manage the Donor and Offspring Register. Yes No

I give the Donor and Offspring Register staff permission to contact the fertility clinic or medical practitioner where donation or treatment occurred if necessary. Yes No

Print name

Signature

Date

Comment::

You are welcome to include any additional relevant information on a separate piece of paper.

Please send your completed forms to:

Jigsaw DNA , PO Box 512, North Perth, Western Australia 6906

Jigsaw DNA Connect is partnered and funded by The Department of Health.