



The Donor and Offspring Register allows for connections to be made between donors, donor conceived offspring and donor siblings. If a match is made all parties will be contacted to confirm which information they wish to share.

CONTACT AND SUPPORT FOR WA DONOR RELATED PEOPLE

DONOR OFFSPRING REGISTRATION FORM (OVER 18 YEARS OLD)

Current Details

Please print clearly and tick appropriate options (*) are required fields

*Title Mr Mrs Ms Miss Mx Dr Other _____

Preferred pronoun he/him she/her they/their Other _____

*Surname (family name) *Given name(s)

Maiden name Other surnames (if applicable)

*Date of birth *Gender Male Female Non-Binary

*Place of birth (including state, or if born outside Australia, country)

*Address

*Suburb *State *Postcode

PO Box Address OR postal address if different than above

*Primary phone/preferred contact

Mobile Home phone Work

*Can we leave a message identifying Jigsaw DNA at these numbers?

Mobile: Yes No Home : Yes No Work: Yes No

*Email (please print)

Information about your parents on your birth certificate

*Mother's surname (at your time of birth) Mother's maiden name (if applicable)

*Mother's surname now *Mother's given names

*Mother's date of birth (tick box if unknown) Unknown

*Is she your biological mother? Yes No Don't know

Parent two: surname Parent two : given names

Parent two : date of birth Is he/she your biological parent? Yes No Don't know

Donation Information

*Type of donation Sperm Egg Embryo Sperm & Egg

*Year of treatment _____ OR Unknown

Donor Code

Voluntary Register Number

(previously registered
with Health Department)

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

Donor code unknown

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

*Name clinic/ hospital or other facility where donation occurred _____ OR Unknown

*Have you had any contact with your donor? Yes No

If yes, what are their names _____

*Have you had any contact with other donor offspring? Yes No

If yes, what are their names _____

Have you undertaken any DNA tests? Yes No

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

Donor Sibling Information only Not sure

What happens if there is a match

We will contact each person and discuss their wishes and how they 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. Your parents will not be informed of a match if you are over 18 years old. If a match is made you will need to provide identification.

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 _____

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

Please send your completed form to:

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

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