

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 (*) are required fields	
*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"/>	Guardian <input type="checkbox"/>
*Mothers Title	Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/>	Preferred pronoun	she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/their <input type="checkbox"/>
*Mother's surname (at time of child's birth)	*Mother's Maiden name		
*Mother's given names	*Mother's date of birth		
*Are you the biological parent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Parent two	Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Parent two : surname	
Parent two given names		Parent two : date of birth	
*Is parent two a biological parent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact Details			
*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 <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 _____ OR Unknown

Donor Code

Voluntary Register Number

(previously registered with
Health Department)

PLEASE NOTE: 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 / their child's donor siblings 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 location where donation occurred Unknown

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

Donor Child's Sibling Parents of child's siblings Information only

* 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.