

AFFIRMATION OF PARENTAL STATUS INTAKE

File No.:
Received:

Client (Husband and Wife)

Address: _____

County: _____ Own home [] Rent home []

Work phone (Wife): _____ Home phone: _____

Work phone (Husband): _____ Fax: _____

E-mail(s): _____

Husband

Full Name: _____ Social Security No.: _____

Birth date: _____ Birthplace: _____

Race: _____ No. of years in state: _____

Date and place of marriage: _____

Prior marriages (number): _____ Ended in: Divorce [] Death []

Sperm: Husband's [] Donor's []

Wife

Full Name: _____ Social Security No.: _____

Birth date: _____ Birthplace: _____

Race: _____ No. of years in state: _____

Prior marriages (number): _____ Ended in: Divorce [] Death []

Eggs: Wife's [] Surrogate's [] 3d Party Donor's []

Baby

Name: _____

Date of Birth (expected): _____ Father's name on initial birth certificate: _____

Hospital (Name, City, County): _____

Gestational Surrogate

Full Name: _____

Full Maiden Name: _____

Address: _____ Phone: _____

_____ Email: _____

_____ Birth date: _____

Marital status: _____ Husband's name: _____

Is she currently represented by an attorney? If so, please provide

Attorney's name and contact info: _____

Fertility

Doctor: _____ Phone: _____

Address: _____ Fax: _____

Hospital: _____

Address: _____

IMPORTANT: In order for us to apply for a new birth certificate after the final hearing, we will need you to provide us with the name(s) of the child or children, the birth mother's maiden name as it appears on the original birth certificate and the birth father's name (if any) as it appears on the

original birth certificate (if surrogate is unmarried, this may be the intended father's name). The surrogate provides this information to the hospital after the birth of the child/children and she should make it available to you.