

# APPLICATION FORM FOR INTENDED PARENTS

## EGG DONORS AND SURROGATES

2-2024VER.

DGA INC.  
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[www.indianeggdonors.com](http://www.indianeggdonors.com)  
[www.surrogacy4all.com](http://www.surrogacy4all.com)  
[www.eggdonors4all.com](http://www.eggdonors4all.com)

\*\*\*The information contained in these pages will be kept confidential\*\*\*

Please complete the following questionnaire in black ink and return  
by fax or email to the above address

### Questionnaire for Intended Parents

Date: \_\_\_\_\_ Seeking: Egg Donor \_\_\_\_\_ Surrogate \_\_\_\_\_ Both \_\_\_\_\_

First *and last name*

Partner #1: \_\_\_\_\_ Male [ \_ ] Female [ \_ ]

Partner #2: \_\_\_\_\_ Male [ \_ ] Female [ \_ ]

Address: \_\_\_\_\_

Phone Partner #1(Cell): \_\_\_\_\_ (Home) \_\_\_\_\_

Partner #1 E-Mail: \_\_\_\_\_

Phone Partner #2 (Cell): \_\_\_\_\_ (Home) \_\_\_\_\_

Partner #2 E-Mail: \_\_\_\_\_

Relationship:

Couple: Married: \_\_\_\_\_ Committed Relationship: \_\_\_\_\_

Single: Male: \_\_\_\_\_ Female: \_\_\_\_\_

LGBT Couple: Male: \_\_\_\_\_ Female: \_\_\_\_\_

How long together? 7 years \_\_\_\_\_

Will spouse/partner be biological father? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, is the sperm donor Known: \_\_\_\_\_ Unknown: \_\_\_\_\_

Need Sperm from Sperm Bank: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have Frozen Embryos available: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Need Embryo Donor: Yes \_\_\_\_\_ No \_\_\_\_\_

Embryo / Sperm Location: \_\_\_\_\_

	Partner #1	Partner #2
Height	_____	_____
Weight	_____	_____
Hair	_____	_____
Eyes	_____	_____
Ethnicity	_____	_____
Date of Birth	_____	_____
City of Birth	_____	_____
Nationality	_____	_____
Education	_____	_____
Occupation	_____	_____

***Please describe your personality with 4 or 5 adjectives:***

Partner #1: Outgoing, positive, detail-oriented, friendly \_\_\_\_\_

Please list your interests, hobbies, and activities: Cooking (but I'm a foodie so love eating out as well),  
Traveling, Quality time with girlfriends, walking the beach \_\_\_\_\_

Partner #2: Outgoing, Caring, Sociable, Energetic \_\_\_\_\_

Please list your interests, hobbies, and activities: Boating, Hanging with friends, Hunting, Reading \_\_\_\_\_

**Do you need an Egg Donor? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Desired Ethnicity & Appearance of Egg Donor? \_\_\_\_\_**

**Please list several qualities important in a Donor: \_\_\_\_\_**

\_\_\_\_\_

**Do you need a Surrogate? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Desired Ethnicity of Surrogate? \_\_\_\_\_**

**Please list several qualities important in a Surrogate: \_\_\_\_\_**

\_\_\_\_\_

**Wish for contact with the Surrogate before Birth?**

**None: \_\_\_\_\_ Telephone: \_\_\_\_\_ Face to face: \_\_\_\_\_ Open: \_\_\_\_\_ How often contact: \_\_\_\_\_**

**Wish for contact with Surrogate after Birth: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Financial Needs: Are funds available for surrogacy? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Need financing referral? Yes \_\_\_\_\_ No \_\_\_\_\_**

How many years have you experienced infertility? \_\_\_\_\_

Is this your first donor/surrogate procedure? Yes [ \_\_\_\_\_ ] No [ \_\_\_\_\_ ]

(If not, please comment on the outcomes of the other procedure(s): \_\_\_\_\_

Present IVF Clinic, Address & Contact information: \_\_\_\_\_

*Please discuss the following questions together and then record your responses on a scale of 1 to 5, with 5 being the HIGHEST and 1 being the lowest:*

How would you rate your:	Partner #1	Partner #2?
<i>Comfort level with ovum donation</i>	_____	_____
<i>Level of hope for success with ovum donation</i>	_____	_____
<i>Satisfaction in your relationship</i>	_____	_____
<i>Commitment to becoming parents</i>	_____	_____
<i>Level of depression regarding infertility</i>	_____	_____
<i>Level of anxiety regarding infertility</i>	_____	_____

Have you had individual or group therapy? Yes \_\_\_\_\_ If so, how long? Several years  
we've gone to marriage counselor periodically to help while going through this journey \_\_\_\_\_  
Was the individual or group therapy specifically to help support you during your infertility  
procedures? Yes [ \_\_\_\_\_ ] No [ \_\_\_\_\_ ]

Have you ever been on medication for any psychological condition? No \_\_\_\_\_

If so, how long? \_\_\_\_\_ What was the medication? \_\_\_\_\_

Is there any history of mental illness in either of your families? No \_\_\_\_\_

Which family member? \_\_\_\_\_ What was the mental illness? \_\_\_\_\_

Have either of you been accused and/or convicted of a crime in any way related to child  
abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Have either of you ever been accused and/or convicted of ANY crime?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain: \_\_\_\_\_

How did You hear about us? \_\_\_\_\_

Your Additional Comments: \_\_\_\_\_

I certify that the information on this application is correct and may be subject to verification

Signed: Partner #1: \_\_\_\_\_ Date: \_\_\_\_\_

Partner #2: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and return it to us by mail or email for a FREE consultation on next steps. Please note that before the time of your consultation, we must have the following two items:

- 1) Your completed application
- 2) Driver License copy of both Partner1 and Partner2

**\*\*We CANNOT send any donor or surrogate profiles until we have both items\*\***

**DO NOT WRITE BELOW:**

Agency: \_\_\_\_\_ Signed: \_\_\_\_\_  
Name Date:

**Agency Comments:**

**Referrals Needed for: (Circle one)**

Legal Yes [ \_\_\_\_ ] No [ \_\_\_\_ ]

Egg Donation: Yes [ \_\_\_\_ ] No [ \_\_\_\_ ] Donor # Preferred \_\_\_\_\_

Surrogate: Yes [ \_\_\_\_ ] No [ \_\_\_\_ ] Surrogate # Preferred \_\_\_\_\_

Surrogacy Preferred Locations: \_\_\_\_\_

Escrow Account Yes [ \_\_\_\_ ] No [ \_\_\_\_ ]

Insurance Yes [ \_\_\_\_ ] No [ \_\_\_\_ ]

IVF Yes [ \_\_\_\_ ] No [ \_\_\_\_ ]

Financing Yes [ \_\_\_\_ ] No [ \_\_\_\_ ]

Travel Yes [ \_\_\_\_ ] No [ \_\_\_\_ ]

Birth Certificate Names: \_\_\_\_\_

Time Schedule: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## ***FUTURE CONTACT RELEASE FORM***

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I, \_\_\_\_\_, understand that it is my responsibility to keep my Contact information (i.e. address and phone number) up-to-date with The Donor/Surrogate Program. If the Program is unable to contact me for a period of forty-eight (48) hours while *in cycle* or over four (4) attempts over a two-week time frame while *out of cycle*, I authorize the Program to contact the following individual to determine the best method for contacting me:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Please note that The Program respects your privacy and will not divulge any of your confidential information in attempts to contact you. We will simply state that it is the doctor's office calling and request a return phone call. Please indicate best phone number at which to contact you:

Best Phone Number to call you on \_\_\_\_\_

Additionally, it may become necessary for The Program to contact donors, recipients, and surrogates at a future date regarding important medical and social information, even if they have withdrawn from the program at that time.

May we contact you in the future for important medical and social information?

YES \_\_\_\_\_

Address \_\_\_\_\_

NO \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Signed: Partner1: \_\_\_\_\_

Signed: Partner2 \_\_\_\_\_

Date \_\_\_\_\_