

Application to Record (or Update) Donor Offspring Details on the Human Assisted Reproductive Technology Register (Voluntary Scheme)

INTERNAL AFFAIRS

Te Tari Taiwhenua

When to use this form

This form collects information about people ("donor offspring") who were born as a result of an assisted reproductive procedure performed through a fertility service provider, using sperm, eggs or embryos that were donated **before 22 August 2005**.

This form must be completed by:

- the donor offspring, if aged 18 or older (or, if 16 or 17, with the approval of the Family Court - please attach a copy of the order from the Family Court); or
- a guardian of the donor offspring, if the donor offspring is under 18 years of age and does not have the approval of the Family Court to complete the form.

Linking donor offspring and donor information

Births, Deaths and Marriages will use the information on this form to establish a link to the details of the sperm, egg or embryo donor(s) that relate to the donor offspring, and to any other donor offspring who is related to the same donor(s), where those people supply their details. It is not compulsory to provide any of the information on this form, but the more specific information that you provide, the more likely a link can be made with the details of a donor and any other donor offspring related to the same donor. The most important piece of information to provide is any identifying number or symbol used by the fertility service provider (if that is available). Births, Deaths and Marriages will confirm that number/symbol with the fertility service provider, to ensure it is accurate.

It is important that you advise Births, Deaths and Marriages of any changes to your information. This will ensure that Births, Deaths and Marriages can advise you if a link is established to a donor or related donor offspring, and that accurate information about you can be provided to a donor or related donor offspring when they request it.

Restrictions on access to the information

The information on this form is collected and held by Births, Deaths and Marriages. Access to the information will be provided in accordance with the Human Assisted Reproductive Technology Act 2004. Fees apply to the provision of registered information, or for providing confirmation that any information is held by Births, Deaths and Marriages. The following people can apply to access information held about a donor offspring:

- the donor offspring, if aged 18 or older (or, if 16 or 17, with the approval of the Family Court);
- a guardian of the donor offspring, if the donor offspring is under 18;
- a person whom the Registrar-General of Births, Deaths and Marriages believes to be a donor of the donor offspring;
- a person whom the Registrar-General believes to be a person who shares the same donor, if that person is 18 or older (or, if 16 or 17, with the approval of the Family Court);
- a guardian of a person whom the Registrar-General believes to be a person who shares the same donor, if that person is under 18.

You can request that access to the information in this form be restricted in certain ways. There is a space on the form for you to describe the restrictions that you want to apply. Restrictions can be added, removed or changed at any time.

Benefit of counselling

It is strongly recommended that you consult with a counsellor of your choice **before** submitting this form. Counselling helps people to consider the implications of providing and accessing information, and contacting a donor or other related donor offspring if a link is established. Counsellors can answer questions about how others have approached the issue, and what seems to work best. Counselling may be able to be arranged through your fertility service provider, or with an independent counsellor.

Please complete and post to **HART Team
Births, Deaths & Marriages (HART)
PO Box 10526
Wellington 6143**

Please **attach** a certified copy of an identity document relating to the person who is completing this form, e.g. driver licence, birth certificate or the bio-data page from your passport.

PLEASE INDICATE REGISTRATION TYPE: ☐ NEW or ☐ UPDATING

PERSONAL DETAILS OF DONOR OFFSPRING			
Current first Name(s)			
Current surname			
First name(s) at birth <i>(if different from above)</i>			
Surname at birth <i>(if different from above)</i>			
Gender		Date of birth	
Place of birth		Country of birth	
Ethnicity			
Cultural affiliation(s) <i>(if any)</i>			
<i>If Māori, please state (if known):</i> Whānau Hapū Iwi			
Aspects of the donor offspring's medical history, if significant.			

FERTILITY SERVICE PROVIDER INFORMATION RELATING TO DONOR OFFSPRING	
Name (and branch) of fertility service provider	
Donor offspring identifier <i>(if available)</i>	

CURRENT ADDRESS DETAILS OF DONOR OFFSPRING	
Flat number <i>(if applicable)</i>	
Street number and name	
Suburb or rural locality	
City, town or district	
Country <i>(if not New Zealand)</i>	
Postal address <i>(if different from above)</i>	
Phone number	()
Email address	

GUARDIAN DETAILS (To be filled in where the donor offspring's guardian is completing the form)		
	GUARDIAN 1	GUARDIAN 2
Current first name(s)		
Current surname		
First name(s) at birth <i>(if different from above)</i>		
Surname at birth <i>(if different from above)</i>		
Flat number <i>(if applicable)</i>		
Street number & name		
Suburb or rural locality		
City, town or district		
Country <i>(if not New Zealand)</i>		
Postal address <i>(if different from above)</i>		

RESTRICTIONS ON ACCESS TO THE INFORMATION	
Please state what restrictions (if any) you want to be imposed on access to the information provided	

Notification if a link is established

Births, Deaths and Marriages can advise you if a link is established to the details of a donor and to any other donor offspring who is related to the same donor(s), where those people supply their details. This advice will be provided in a letter to you. Do you want to be advised if a link is established?

Please circle: Yes No

If yes, please state the address for the letter	
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STATUTORY DECLARATION

(Please complete this part in front of a person who is authorised to take statutory declarations)

I, _____
(Full name)

of _____
(Full residential address) (Occupation)

solemnly and sincerely declare that the information provided in this application is true. And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

(Signature of person making declaration)

Declared at _____ this _____ day of _____ 20_____
(Place) (Day) (Month) (Year)

before me:

Registrar of Births, Deaths and Marriages, or Barrister and Solicitor of the High Court of New Zealand, or Justice of the Peace, or Notary Public, or other person who is authorised to take statutory declarations.