

The Greatest Gift Surrogacy Center NW, LLC

INTENDED PARENTS APPLICATION

APPLICANT 1:

Name _____
Street Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____
Work Phone _____
Fax _____
Email Address _____

Social Security No. _____ Date of Birth _____
Occupation _____ Length of Employment _____
Employer's Name and Address _____

Have you ever been arrested?

Yes _____ No _____

If you answered yes, please explain:

Do you have a health condition which impairs your normal daily activity, is likely to significantly reduce your life span, or will impair your ability to care for a child?

Yes _____ No _____

Are you willing to participate in a psychological evaluation with respect to becoming involved in an assisted reproduction procedure?

Yes _____ No _____

If you have already participated in a psychological evaluation, please provide a copy of the evaluation when submitting your Application.

APPLICANT 2:

Name _____
Street Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____
Work Phone _____
Fax _____
Email Address _____

Social Security No. _____ Date of Birth _____
Occupation _____ Length of Employment _____
Employer's Name and Address _____

Have you ever been arrested?

Yes _____ No _____

If you answered yes, please explain:

Do you have a health condition which impairs your normal daily activity, is likely to significantly reduce your life span, or will impair your ability to care for a child?

Yes _____ No _____

Are you willing to participate in a psychological evaluation with respect to becoming involved in an assisted reproduction procedure?

Yes _____ No _____

If you have already participated in a psychological evaluation, please provide a copy of the evaluation when submitting your Application.

BOTH APPLICANTS:

Please indicate your status:

Single _____ Married _____ Life Partnership _____

Date of Marriage or Commencement of Life Partnership _____

Please attach a copy of your Certificate of Marriage or Domestic Partnership.

Do you have children living in your home?

If so, please provide the following information:

Name _____

DOB _____ Sex _____

Name _____

DOB _____ Sex _____

Name _____

DOB _____ Sex _____

Name _____

DOB _____ Sex _____

Please indicate whether you are seeking to achieve a pregnancy through (mark all that apply):

Gestational Surrogate _____ Egg Donor _____ Sperm Donor _____ Fresh Embryo _____

Frozen Embryo _____

What has led you to this decision?

How many embryo transfers are you willing to undergo to achieve a successful pregnancy?

Do you wish for the Gestational Surrogate to carry multiple fetuses?

Yes _____ No _____

If you answered yes, how many? _____

Would you like the Gestational Surrogate to possibly carry another child for you in the future?

Yes _____ No _____

Under what circumstances, if at all, would you agree to selective reduction or abortion?

What is your time frame for being paired with a Gestational Surrogate?

Please indicate whom you would want to carry your child (mark all that apply):

- a heterosexual female.
- a single female.
- a lesbian.
- a woman whose ethnic background is different from your own.
- a woman whose religious background is different from your own.
- a woman living in a different state.
- a woman living in a foreign country.

Please list the characteristics you are seeking in a Gestational Surrogate (i.e., personality, hobbies, occupations, etc.):

Please describe the kind of relationship you hope to establish with the Gestational Surrogate (before, during, and after, the pregnancy):

Are you working with an attorney?

Yes No

If you answered yes, please provide the attorney's:

Name

Address

Telephone Number Fax

Email Address

Are you currently working with a clinic?

Yes No

By completing this Application to The Greatest Gift Surrogacy Center NW (GGSC), I/we understand that GGSC is not guaranteeing that my/our Application will be accepted.

I/we hereby consent to GGSC in providing non-identifying information about me/us to potential Gestational Surrogates prior to any meeting with a Gestational Surrogates.

The statements and commitments made in this Application are, to the best of my/our knowledge and belief, correct and complete. I/we agree to provide additional information supplementing and updating the above answers, if it comes to my/our attention, subsequent to the submission of this Application.

I/we also agree that all written materials and documents created by The Greatest Gift Surrogacy Center NW are property of The Greatest Gift Surrogacy Center NW and as such are not to be disclosed or distributed.

Print Name

Signature

Date

Print Name (Spouse/partner)

Signature

Date

If you have any questions please feel free to call us at 503.925.4541
or email us at info@ggscnw.com

Please return the completed Application by mail or fax:

The Greatest Gift Surrogacy Center NW, LLC
16004 SW Tualatin Sherwood Rd. Suite 104
Sherwood, OR 97140

F:503.925.3899