

CHARLOTTE H. DANCIU, P.A.

202 N. Swinton Avenue

Delray Beach, FL 33444

(561) 330-6700

Fax# (561) 330-2446

www.adoption-surrogacy.com

charlotte@adoption-surrogacy.com

PRELIMINARY INFORMATION

Who may we thank for referring you? _____

COMMISSIONING PARENT

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Name: _____

Name: _____

Address: _____

Address: _____

How long: _____ Own: ____ Rent: ____

How long: _____ Own: ____ Rent: ____

Birthplace: _____

Birthplace: _____

Date of Birth: _____

Date of Birth: _____

Age: ____ Soc. Sec. #: _____

Age: ____ Soc. Sec. #: _____

Physical Description: Ht. ____ Wt. ____

Physical Description: Ht. ____ Wt: ____

Eyes: _____ Hair: _____

Eyes: _____ Hair: _____

Ethnic Origin: _____

Ethnic Origin: _____

Religion: _____

Religion: _____

Marriage Date: _____

Home Phone Number: _____

Home Phone Number: _____

Cell Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

E-mail address: _____

Children:

_____ Age: _____

_____ Age: _____

_____ Age: _____

Highest Grade Completed: _____

Highest Grade Completed: _____

Subject Matter Studied: _____

Subject Matter Studied: _____

Special Interests or Talents: _____

Special Interest or Talents: _____

Military Service: _____

Military Service: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Occupation: _____

Occupation: _____

Approx. Annual Income: \$ _____

Approx. Annual Income: \$ _____

Have you ever been arrested or convicted of a Crime other than a Minor Traffic Violation? (If the answer to this question is "yes", please explain on an attached sheet of paper.)

Yes: _____ No: _____

Yes: _____ No: _____

Do you drink alcohol? Yes: _____ No: _____

Do you drink alcohol? Yes: _____ No: _____

Do you smoke? Yes: _____ No: _____

Do you smoke? Yes: _____ No: _____

Health Insurance Company:

Name: _____

Address: _____

Phone Number: _____

Family Medical History:

Any serious or chronic illness including mental or psychiatric treatment?

Has your inability to have a child been diagnosed? _____

Reason? _____

Have you applied to other Surrogate Agencies/Attorneys? _____ Where? _____

Other comments: _____

Answer as Applicable:

Are you interested in Gestational or Traditional Surrogacy? _____

Will you utilize donor sperm, oocytes or embryos? _____

Have you identified a surrogate? _____

SURROGATE INFORMATION

SURROGATE'S NAME, ADDRESS AND PHONE NUMBERS: _____

SURROGATE'S SOCIAL SECURITY NUMBER:

SURROGATE'S DRIVER'S LICENSE NUMBER:

SURROGATE'S HUSBAND'S NAME:

SURROGATE'S HUSBAND'S SOCIAL SECURITY NUMBER:

SURROGATE'S HUSBAND'S DRIVER'S LICENSE NUMBER:

SURROGATE'S INSURANCE COMPANY: _____

DATE OF SUCCESSFUL INSEMINATION /TRANSFER: _____

DATE OF CONFIRMATION OF PREGNANCY: _____

NAME, ADDRESS AND PHONE NUMBER OF FERTILITY PHYSICIAN: _____

NAME, ADDRESS AND PHONE NUMBER OF OBSTETRICIAN: _____

EXPECTED DATE OF BIRTH OF CHILD: _____

NUMBER OF CHILDREN EXPECTED, i.e., TWINS, TRIPLETS: _____

EXPECTED HOSPITAL FOR CHILD'S BIRTH: _____

CITY, COUNTY & STATE OF CHILD'S ANTICIPATED BIRTH: _____

LEGAL NAME CHILD SHALL BE GIVEN: _____

EXPECTED HEALTH INSURANCE COMPANY FOR CHILD: _____

*****PLEASE ENCLOSE A RECENT FAMILY PHOTOGRAPH*****

Signed this _____ day of _____, 20____.

Commissioning Parent

Commissioning Parent