



Future Connections Birth Registration Form

Congratulations! We have recently received a pregnancy report from your order # _____ . Since this pregnancy is resulting from a Future Connections ID Consent donor, as per the contract originally signed at time of order, you must register the birth of your child with GIVF Cryobanks in order for him/her to receive Identifying Information at age 18. **Merely using semen from the ID Consent donor does not allow access to the Identifying Information. To ensure that the Donor's Identifying Information will be provided, you MUST complete the following information and return this registration form to GIVF Cryobanks promptly upon the birth of your child.** The information provided below is confidential and will only be used when/if your child requests Identifying Information regarding the donor.

Parent information:

Printed Name (Both partners if applicable)

Partner Signatures _____

Date _____

Address _____

City, State, Zip _____

Ph# _____

Physician who performed or oversaw the insemination or embryo transfer procedure:

Name _____

Clinic Name: _____

Address _____

City, State, Zip _____

Ph# _____

Date of insemination or fresh embryo transfer that resulted in this pregnancy

Were embryos created and frozen for a future pregnancy? Yes No

Was this pregnancy a result of transfer of previously frozen embryos? Yes No

If Yes, when were they created? (MM/YYYY) _____

Donor # _____

Offspring Information:

Name (s) _____

Date of Birth _____

Sex: Male Female

Social Security Number (s) _____

Return form to: GIVF Cryobanks
Attn: Future Connections Program
3015 Williams Dr. Suite 110
Fairfax, VA 22031

Office use only:
Date form received _____
Order/donor verified _____
Physician confirmed _____