



Intended Parent Profile Information

*The best way to match you with the right surrogate is to get to know you first
Kindly provide complete and accurate information to all of the questions below. Thank You!*

Do you currently have a Fertility Doctor/IVF clinic that you are working with? Yes No

If yes, please provide name of Doctor /IVF Clinic _____

Contact and Personal Information

INTENDED PARENT #1 (PRIMARY)

Name: _____
First Name Last Name

Address:

Date of Birth: _____ / _____ / _____ Age: _____
Month Day Year

Email Address:

Phone Number: _____
Area Code Telephone Number

Mobile Home Other: _____
Please Identify

Intended Parent #1 Contact Details for International Clients

Primary Country of Residence: _____

Country Code: _____ Landline Telephone Number: _____

Mobile Number: _____

We Chat ID (if applicable): _____

Skype Name (if applicable): _____

Occupation: _____ Annual Income: _____

Hobbies: _____

Religious Affiliation you identify with: _____
Are you currently practicing? Yes No

Marital Status:

- | | |
|--|---|
| <input type="checkbox"/> Single (currently in no relationship) | <input type="checkbox"/> Single (currently in a relationship) |
| <input type="checkbox"/> Married (heterosexual) | <input type="checkbox"/> Married (same sex) |
| <input type="checkbox"/> Registered Domestic Partnership | <input type="checkbox"/> Not Married, but in a relationship |
| <input type="checkbox"/> Live-in Partner | <input type="checkbox"/> Divorced |

If married, how long? _____

If unmarried, but in a relationship, how long? _____

How did you meet your spouse/partner? _____

How would you describe your relationship? _____

Sexual Orientation you identify with:
 Heterosexual Homosexual Bisexual Transgender Other

Do you currently have any children? Yes No
If yes, how many? _____
Number of boys: _____ Ages: _____
Number of girls: _____ Ages: _____

Will you need the assistance of an egg donor? Yes No

Will you need the assistance of a sperm donor? Yes No

Have you ever been exposed to an infectious disease such as
HIV, Hepatitis B, Hepatitis C or any sexually transmitted disease? Yes No
If yes, please describe and provide dates: _____

Intended Parent #1 (Primary) → Signature: _____

Do you currently have any children?
If yes, how many? _____

Yes No

Number of boys: _____ Ages: _____

Number of girls: _____ Ages: _____

Will you need the assistance of an egg donor?

Yes No

Will you need the assistance of a sperm donor?

Yes No

Have you ever been exposed to an infectious disease such as
HIV, Hepatitis B, Hepatitis C or any sexually transmitted disease? Yes No

If yes, please describe and provide dates: _____

Intended Parent #2 Contact Details for International Clients

Primary Country of Residence: _____

Country Code: _____ Landline Telephone Number: _____

Mobile Number: _____

We Chat ID (if applicable): _____

Skype Name (if applicable): _____

Intended Parent #2 (If Applicable) → **Signature:** _____

Surrogate Criteria Information (represents the views of both intended parents)

Do you prefer a repeat surrogate or first time surrogate?

- Repeat First Time Undecided

Do you prefer your surrogate to be:

- Married
 Single
 No Preference

Do you have preference to the surrogate's ethnicity or nationality?

- Yes Please Identify Preference(s): _____
 No
 No Preference

Do you prefer your surrogate to have a specific religious affiliation?

- Yes Please Identify Preference(s): _____
 No
 No Preference

Do you require a surrogate with a specific level of education?

- Yes Please Identify Preference(s): _____
 No
 No Preference

What qualities are most important to you when choosing a surrogate?

Please explain the type of relationship you would like to have with your surrogate during the pregnancy?

How much contact would you like with the surrogate during pregnancy (i.e. once a week, once every two weeks, etc.)?

How would you like to communicate with your surrogate? (Check all that apply)

- Telephone Calls Email WeChat Skype In Person

Please explain the type of relationship you would like to have with your surrogate after the delivery?

Desired Directives (represents the views of both intended parents)

When would you like to begin a surrogacy cycle? _____

How many children do you wish to conceive through surrogacy? _____

Are you interested in having twins?

- Yes
 No

How many embryos are you willing to transfer at one time? _____

Will you need more than one surrogate?

- Yes
- No

Do you plan to have PGS (Pre-Implantation Genetic Screening)?

- Yes
- No
- Undecided

Note: An embryo biopsy is taken most often at day 5 and all 23 pairs of chromosomes are examined including the two sex chromosomes in time for your embryo transfer. Your fertility doctor will be able to explain this to you in more detail, or a member of our nursing staff will gladly provide you with more information.

If a single embryo transfer splits and there are now two embryos, are your intentions to:

- Reduce to a single embryo
- Continue pregnancy without fetal reduction
- Undecided

If an amniocentesis or CVS (chorionic villus sampling) is recommended, will you want your surrogate to undergo the procedure?

- Yes
- No
- Undecided

In the event of a multiple pregnancy of more than twins, there are medical considerations for the health of the babies and surrogate. After speaking with your physician about the risks, would you be open to a fetal reduction for your surrogate?

- Yes
- No
- Undecided

If there is a medical problem with the pregnancy and your physician recommends a therapeutic abortion, would you be open to it for your surrogate?

- Yes
- No
- Undecided

Do you have any dietary restrictions for your surrogate?

- Yes
- No
- Undecided

Do you have any other requirements or restrictions for your surrogate?

- Yes Please Explain: _____
- No
- Undecided

Do you plan to be present for the embryo transfer?

- Yes
- No
- Undecided

Do you plan to be present for the birth of your baby?

- Yes
- No
- Undecided

Will you want your surrogate to pump breast milk if possible after the baby is born?

- Yes
- No
- Undecided

Background Information

Are you and your partner willing to undergo a criminal background check (Domestic and/or International)?

Yes

No

Have you or your partner ever been arrested for, charged with, or convicted of a felony or misdemeanor in the United States? (If yes, please be advised that you will be required to provide copies of all arrest records, charging documents, dispositions (outcomes), sentencing records, etc.)

Yes

No

If yes, please explain:

Have you or your partner ever been arrested for, charged with, or convicted of a felony or misdemeanor in any other country other than the United States? (If yes, please be advised that you will be required to provide copies of all arrest records, charging documents, dispositions (outcomes), sentencing records, etc.)

Yes

No

If yes, please explain:

Do you have any court appearances or alleged criminal offenses outstanding or pending at this time?

Yes

No

If yes, please explain:

Have you ever been convicted of a crime against a minor? (If yes, please be advised that you will be required to provide copies of all arrest records, charging documents, dispositions (outcomes), sentencing records, etc.)

Yes

No

If yes, please explain:

Comments

Please use the space below to share any information you may want us to be aware of that is important to you and your family building journey.

What are your expectations from the surrogacy agency you will ultimately choose to work with?

How did you hear about Global Surrogacy Services? _____

Signature(s)

By my signature below, I certify that the above information is complete and correct. I have not omitted any information that would make the above information inaccurate or misleading. I certify that the above information I have provided is true and correct to the best of my knowledge and belief. I understand that any false or withheld information provided on this form may result in disqualification from the Global Surrogacy Services surrogacy program.

Intended Parent #1 (Primary)

→ Print Name: _____

→ Signature: _____ Date: _____

Intended Parent #2 (If Applicable)

→ Print Name: _____

→ Signature: _____ Date: _____