

Arnold & Arnold, Ltd.

ATTORNEYS AND ADVISORS AT LAW

Surrogacy Intake Form

Date Form Completed: _____

New Client

Existing Client

Section I: Intended Parents Personal Information

Parent One: _____ SS# _____

Have you ever used, or been known by, any other name than that shown above?

Yes No

If yes, list here each other name, and state when and why each other name was used:

Date of Birth: _____ Place of Birth: _____

Citizenship: United States Other: _____

Parent One Home Address: _____

County of Residence: _____

Is this your permanent residence? Yes No

If yes, please state duration of residence: _____

Marital Status: _____

If married, list date and location of marriage: _____

Home Telephone: _____

May we contact you at this number? Yes No

Cell Phone: _____

May we contact you at this number? Yes No

Email Address: _____

Parent One Employer & Occupation: _____

Telephone: _____

May we contact you at this number? Yes No

Parent Two: _____ SS# _____

Have you ever used, or been known by, any other name than that shown above?

Yes No

If yes, list here each other name, and state when and why each other name was used:

Date of Birth: _____ Place of Birth: _____

Citizenship: United States Other: _____

Parent Two Home Address: _____

County of Residence: _____

Same as address above

Is this your permanent residence? Yes No

If yes, please state duration of residence: _____

Marital Status: _____

If married, list date and location of marriage: _____

Home Telephone: _____

May we contact you at this number? Yes No

Cell Phone: _____

May we contact you at this number? Yes No

Email Address: _____

Parent Two Employer & Occupation: _____

Telephone: _____

May we contact you at this number? Yes No

Section II: Background Questions

Name of Reproductive Clinic: _____

Name of Physician at Reproductive Clinic: _____

Reason for considering surrogacy:

Have you ever been pregnant? Yes No

If yes, please explain how many times you have been pregnant and how far along:

Do you currently have children? Yes No

If yes, list names and ages:

Do you intend to use an egg donor? Yes No

Do you intend to use a sperm donor? Yes No

Section III: Surrogate Information

Do you already have a surrogate? Yes No

If yes, please provide the following:
Name: _____
Address: _____
County of Residence: _____
Age: _____
Marital Status: _____
Does she have children? Yes No
If yes, how many? _____
Has she been a surrogate previously? Yes No

Section IV: Surrogacy Contract Questions

**All information provided on this form will be treated as privileged and confidential.

Parent One Signature: _____

Parent Two Signature: _____