

I

ID Number:

declare that I am a

- married person (complete Schedule A, B, C)
- person in a relationship (complete Schedule A, B)
- person in no relationship (complete Schedule A)

I have agreed/decided to be inseminated using donor sperm. I know and accept full well the consequences of my actions. I am making this decision of my own free will and have not been placed under any form of duress (pressure, force, threat, coercion) by anyone.

- Copy of Identity Document attached (Patient)
- Copy of Identity Document attached (Spouse or Partner if Applicable)

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Signature (Patient)

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Date

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Witness

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Witness