



EGG SHARING AGREEMENT

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- A driver’s license, passport, or other photo ID (for each parent)
- Your marriage certificate, if you are married to each other

DEMOGRAPHIC INFO	INTENDED PARENT 1	INTENDED PARENT 2
	<i>Please provide your full legal name as it appears on your IDs</i>	
First Name(s):		
Middle Name(s):		
Last Name(s) (& Suffix):		
Date of birth:		
State (or Country, if not US) where you were born		
Social Security # (if any)		
Gender		
Race/Ethnicity		

Please provide your name as it appears on your birth certificate in the spaces below, if that name is different than what you listed above. In most states, when preparing birth certificates for your child, the Vital Records office will want to list your name as it appears on your birth certificate.

That means that if you have changed your name due to marriage, your child’s birth certificate will list your name as it appears on your own birth certificate, rather than your current legal name.

If you have legally changed your name through a court proceeding (NOT through marriage), and would like your new legal name to appear on your child’s birth certificate, you will have to make sure you have updated your OWN birth certificate to reflect your court-ordered name change.

Please provide a copy of your updated birth certificate.

First Name(s):		
Middle Name(s):		
Last Name(s) (& Suffix):		

RELATIONSHIP INFO (if applicable)

Month/year your relationship began:

IF YOU ARE LEGALLY MARRIED,
Date & location where marriage took place:

CONTACT INFO	<i>INTENDED PARENT 1</i>	<i>INTENDED PARENT 2</i>
	<i>If both parents live at the same address, leave the right column blank, but please fill in "Month & year moved in" if it's not the same for you both</i>	
Home Address:		
Apartment/Suite (if any):		
City or Town:		
County or Parish:		
State:		
Country:		
Zip Code:		
Month & year moved in:		
If this is an address outside the US, please indicate how your address should be properly formatted when we send correspondence to you:		
	<i>Please list your phone number(s), in order of preference:</i>	
Primary Phone:		
Alternate Phone:		
2 nd Alternate, if any:		
Email:		

IVF INFORMATION	
Whose eggs are being extracted?	
Name of doctor performing the extraction(s):	
Name of practice/clinic/facility:	
Doctor's mailing address, city, state, zip:	
Phone number:	
Email:	

REVIEW AND ACKNOWLEDGEMENT BY INTENDED PARENT(S)	
<i>By entering my/our initials below, I/we confirm that the information that I/we have provided herein is accurate and complete, to the best of my/our knowledge and ability. I/We acknowledge that Elizabeth F. Schwartz, PA will rely on the accuracy of the information provided above, and the firm will not be responsible for any delays or costs associated with correcting errors in court documents or vital records caused by inaccurate information provided above.</i>	
INITIALS OF INTENDED PARENT 1:	INITIALS OF INTENDED PARENT 2: