

GESTATIONAL SURROGACY APPLICATION

Full Name: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Daytime Phone: _____

Age: _____ Height: _____ Weight: _____

Marital Status: Single Married In a relationship

Employer: _____ Hours per week: _____

Are you: A United States citizen? Yes No Active Military Duty? Yes No

Do you have Native American Indian heritage?

No Enrolled in tribe Eligible, but not enrolled Yes, but not eligible / not sure if eligible

Do you have medical insurance? Yes No

Do you or any member of your family receive government assistance? (*If you receive WIC or assistance for foster children, answer "no" to this question*) Yes No

PREVIOUS PREGNANCIES

Number of full term births: _____ Number of C-Sections: _____ Number of miscarriages: _____

Number of terminations: _____ Any pregnancy or delivery complications? _____

Have you ever been a surrogate or donor before? yes no

LIFESTYLE

Do you smoke? Yes, currently Quit within last 6 months Quit more than 6 months ago No

Are you exposed to secondhand smoke? Yes No

Are you willing to eliminate alcohol during the surrogacy? Yes No

What medications are you currently taking? _____

Have you ever taken medication(s) for depression or anxiety?

Yes, currently Yes, within the last 6 months Yes, more than 6 months ago No

When was your last PAP test? _____

OTHER

Are you willing to be a surrogate for the following?

- Single parent
- Parents of a race different than your own
- Same-sex couple
- Parents who live in another state
- Parents over 55 years old

How did you find out about us?

- Craigslist
- Google / Web search
- Facebook
- Friend or family
- Other: _____

What interests you about surrogacy? _____

What are you looking for in a surrogacy agency / firm? _____

You are welcome to send this application via one of the following:

*Mail: Family Formation
3685 Mt. Diablo Blvd. Ste. 203
Lafayette, CA 94549*

Fax: (925) 956-5201

Email: dory@familyformation.com