Application to record or update donor-conceived person's details on the Human Assisted Reproductive Technology Register (Voluntary scheme)

Internal Affairs
Te Tari Taiwhenua

BDM402

Use this form if you:

- were born as a result of an assisted reproductive procedure performed through a fertility service provider, using sperm, eggs or embryos that were donated before 22 August 2005, and
- want to record or update your details on the Human Assisted Reproductive Technology (HART) Register.

Before you apply

How to submit your application

You can fill out and submit this application form if you are:

- a donor-conceived person who is aged 18 or older
- a donor-conceived person aged 16 or 17 who has the approval of the Family Court and has attached a copy of the order from the Family Court, or
- a guardian of a donor-conceived person, if the donor-conceived person is under 18 years of age and does not have the approval of the Family Court to complete the form.

Complete and post to:

HART Team

Births, Deaths and Marriages

PO Box 1052

Wellington 6140

What you need to provide

You (the person submitting this form) will need to:

- provide a certified true copy of an identity document
- make a statutory declaration on page 7 of this form.

Your identity document can be your driver licence or the photo page from your passport.

A certified true copy is a photocopy that has been stamped or endorsed by an authorised person. This confirms that the copy is a true copy of the original document.

A statutory declaration is a written statement signed in front of an authorised person and declared to be true.

An authorised person must be:

- a Justice of the Peace (JP)
- a solicitor or notary public (you may have to pay for their services), or
- a Registrar or Deputy Registrar of the District Court or the High Court, or authorised staff in some government agencies.

You must present your current photo identification to the person authorised to take a statutory declaration when you sign the declaration in front of them. They can certify the photocopy of your photo identification at the same time.

Services a counsellor can offer

We recommend that you consult with a counsellor of your choice before submitting this form.

A counsellor can:

- help you to consider the implications of providing and accessing information
- support you if you contact a donor, or other donor conceived people who are related to the same donor, if a link is established
- answer questions about how others have approached the issue and what seems to work best.

Counselling may be able to be arranged through your fertility service provider, or with an independent counsellor.

Linking your information and donor information

Births, Deaths and Marriages will use the information on this form to establish a link to the details of the sperm, egg or embryo donor(s) that relate to you, and to any other donor-conceived person who is related to the same donor(s), where those people supply their details.

It is not compulsory to provide any of the information on this form. However, the more specific information that you provide, the more likely a link can be made with the details of a donor and any other donor-conceived people related to the same donor.

The most important piece of information to provide is any identifying number or symbol used by the fertility service provider, if known. We will confirm your identifying number or symbol with the fertility service provider, to ensure it is accurate.

It is important that you advise us of any changes to your information. This will ensure that:

- we can advise you if a link is established to a donor or related donor-conceived person
- accurate information about you can be provided to a donor or related donor-conceived person when they request it.

Restrictions on access to the information

The information on this form is collected and held by Births, Deaths and Marriages.

Access to the information will be provided in accordance with the Human Assisted Reproductive Technology Act 2004.

Fees apply to the provision of registered information, or for providing confirmation that any information is held by Births, Deaths and Marriages.

The following people can apply to access information held about you on the register:

- you, if you are aged 16 or 17 and have the approval of the Family Court, or you are aged 18 or older
- your guardians, if you are aged under 18
- a person who the Registrar-General of Births, Deaths and Marriages believes to be your donor
- a person who the Registrar-General believes to be a person who shares the same donor as you, if that person is aged 16 or 17 and has the approval of the Family Court or is aged 18 or older
- a guardian of a person who the Registrar-General believes to be a person who shares the same donor as you, if that person is aged under 18.

You can request that access to the information in this form be restricted in certain ways on page 6. Restrictions can be added, removed or changed at any time.

Privacy Statement

The information collected in your application may be used in statistical analysis and reporting for service improvement and business management purposes. Personal information will only be used where necessary for those purposes.

Data is stored, accessed and retained in accordance with our Privacy Policy, Information Management Policy, and the DIA Code of Conduct which incorporates our ICT and security policies, and in compliance with the Privacy Act 2020 and the Public Records Act 2005.

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How to answer:

- You can complete this form by hand or on-screen using Adobe Acrobat Reader.
- You can use the Tab key to move to the next fillable form field in Adobe Acrobat Reader.
- You must still print off the application and sign by hand.
- When you see this icon it means you need to take extra care with your answers.

1. Your application type

- ☐ New
- ☐ Updating

2. Your name

2a. Current name

Current first name(s)

Current surname

2b. Name at birth (if different from above)

First name(s) at birth

Surname at birth

3. Your personal details

Gender

Date of birth

Village, town or city of birth

Country of birth

4. Your ethnicity and cultural affiliations

Ethnicity

Cultural affilitation(s)

If Māori, whānau, hapū and iwi

5. Your medical history

Significant aspects of your medical history

6. Your address

Street number and name

Suburb

Town or city

Country

Contact phone number

Email address

7. Your fertility service provider information

Name and branch of fertility service provider

Identifying number or symbol (if known)

8. Are you a guardian completing this form for a donor-conceived person aged under 18?

☐ Yes ▶ Go to Section 9

☐ No ▶ Go to Section 11

9. Guardian 1's details

9a. Current name

Current first name(s)

Current surname

9b. Name at birth (if different)

First name(s) at birth (if different from above)

Surname at birth (if different from above)

9c. Address

Street number and name

Suburb

Town or city

Country

Email address

10. Guardian 2's details

10a. Current name

Current first name(s)

Current surname

10b. Name at birth (if different)

First name(s) at birth (if different from above)

Surname at birth (if different from above)

10c. Address

Street number and name	Suburb
Town or city	Country
Email address	

11. Restrictions on access to information

Tick what restrictions (if any) you want to be imposed on access to the information provided:

- ☐ Do not share my information with my donor(s)
- ☐ Do not share my information with other donor-conceived people related to my donor(s)
- ☐ **Other** (specify)

12. Notification if a link is established

If a link is established to the details of a donor, or any donor-conceived people who are related to the same donor, we can send you a notification if they supply their details.

Do you want to be sent a notification if a link is established?

- ☐ Yes ▶ Go to Section 13
- ☐ No ▶ Go to Section 14

13. The address you would like any notifications sent to

☐ Deliver to the address from section 6

Street number and name	Suburb
Town or city	Country
Contact phone number	Email address

The next page is a statutory declaration. You will need to sign it in front of an authorised person. Refer to page 1 for the list of people authorised to take a statutory declaration.

Statutory declaration

You will need to sign this section in front of a person authorised to take a statutory declaration.

14. I,

Full name

15. of

Enter your residential address. This cannot be a PO Box.

Street number and name

Suburb

Town or city

Country

16. a

Enter your occupation. For example, bricklayer, teacher, unemployed.

Occupation

17. solemnly and sincerely declare that the information provided in this application is true. And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Your signature

Date signed (dd/mm/yyyy)

Declared at (town or city and country)

Before (name of authorised person)

Qualification of authorised person

Signature of authorised person