Authorisation for disclosure of information to agent

Internal Affairs
Te Tari Taiwhenua

BDM405

Use this form to authorise Births, Deaths and Marriages to disclose information held on the Human Assisted Reproductive Technology Register to an agent, such as a lawyer, acting on your behalf.

Authorisation

I authorise the Registrar-General of Births, Deaths and Marriages to disclose any information to which I am entitled from the Human Assisted Reproductive Technology Register to:

Full name of agent

Signed by:

- ☐ Donor
- ☐ Donor-conceived person
- ☐ Guardian of donor-conceived person

Signature

Date signed

Full name

Next Steps

Print and sign the form. Post to:

New Zealand office:
HART team
Births, Deaths and Marriages
PO Box 10526
Wellington 6140