**AngelMatcher**

1 Oleander Street
Suite 9
Cocoa, FL 32922

Office: 321-308-1156
Cell: 321-917-7346

Fax: (772) 594-3720

www.angelmatcher.com

**Are you interested in?**

**Gestational Surrogacy \_\_\_\_ Traditional Surrogacy \_\_\_\_**

**Egg Donor \_\_\_\_**

**Application**

Date of Application :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (legal names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Maiden Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age :\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City State Zip Code

Phone: Home: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact # & Name:\_REQUIRED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are You a U.S. Citizen: Yes\_\_\_\_\_ No\_\_\_

Marital Status:

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced\_\_\_\_\_Widowed \_\_\_\_\_

Spouse or Partner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List All Addresses for the past five years; include street address, city, state and zip:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 List all past employment for the past five years, include full addresses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Insurance Information:**

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date:\_\_\_\_\_\_

Monthly Premium: $\_\_\_\_\_\_\_\_\_\_

Yearly Deductible: $\_\_\_\_\_\_\_\_\_

Maternity Coverage: Yes\_\_\_\_ No\_\_\_\_

Percentage of Coverage: 100% \_\_\_\_\_

 80%/20% \_\_\_\_\_

 70%/30% \_\_\_\_\_

 Other% \_\_\_\_\_

Is your insurance through your employer or your spouse’s/partner's? \_\_\_\_\_\_\_\_\_\_

**Personal History:**

Regarding your present relationship:

Years together: \_\_\_\_\_\_

Years Married: \_\_\_\_\_\_

Have either you or your spouse / partner **ever**: (circle any that apply)

Been in a mental hospital? Yes\_\_\_\_ No\_\_\_\_

Been turned down by an adoption agency? Yes\_\_\_\_ No\_\_\_\_

Been in a substance abuse program? Yes\_\_\_\_ No\_\_\_\_

Do you currently have any legal cases or claims pending? Yes\_\_\_\_ No\_\_\_

Have you or your partner ever had psychological counseling? Yes\_\_\_\_ No\_\_\_

Have you or your spouse / partner been convicted of any crime? Yes\_\_\_ No\_\_\_

If **yes** please explain:

(A conviction will not necessarily disqualify you in the program).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please explain any yes answers on a separate piece of paper or on the back of this page if there is not sufficient room for explanation. Include dates, outcome, and circumstances. \*\*A yes answer to the above questions will not necessarily disqualify you from our program. Please answer as honestly and completely as possible.*

**Personal Characteristics:**

Height:\_\_\_\_\_\_ Weight:\_\_\_\_\_\_ Eye Color:\_\_\_\_\_\_ Hair Color:\_\_\_\_\_\_

Hair: Curly\_\_\_\_\_\_ Wavy\_\_\_\_\_\_ Straight\_\_\_\_\_\_

Complexion: Fair\_\_\_\_\_\_ Medium\_\_\_\_\_\_ Dark\_\_\_\_\_\_ Olive\_\_\_\_\_\_

Body Type / Bone Structure: Small \_\_\_\_\_\_ Medium\_\_\_\_\_\_ Large\_\_\_\_\_

Blood Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Origin / Ancestry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race:\_\_\_\_\_\_\_

What languages do you and/or your spouse speak and/or write?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicing? Yes\_\_\_\_ No\_\_\_\_

Have you ever lived in another country? \_\_\_\_\_\_\_\_\_\_

If so, where & when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Education: (check all that apply)

* Completed Grade School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Completed High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Currently in college pursuing degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Completed college degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Currently pursuing advance degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Advance degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other training / certificates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to further your education? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical History:**

Number of pregnancies:\_\_\_\_\_

Dates of Pregnancies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of miscarriages:\_\_\_\_\_

Dates of miscarriages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of abortions:\_\_\_\_\_

Dates of abortions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of stillbirths:\_\_\_\_\_

Dates of each still birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out whatever pertains to each pregnancy:

 1st 2nd 3rd 4th

Full term? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Birth weight? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Months to \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Conceive?

Complications? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Cesarean? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Still Birth? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Tell us about any pregnancy complications (e.g. premature birth, bed rest ordered by physician, gestational

Diabetes, toxemia, placenta previa, etc.) (use additional paper if needed).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you need any medical assistance in conceiving your children?

If so, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you take more than six months to conceive any of your pregnancies?

 If so, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Birth control method used?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you menstrual cycle’s regular? Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

From end of period to start of next period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days.

How many days does your cycle usually last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days?

Is there any history of fertility problems in your family? (difficulty conceiving or miscarriages)

Yes\_\_\_\_ No\_\_\_

If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your mother take diethylstilbestrol (DES) or any prescription drug while she was pregnant with you or any of your siblings? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ If yes, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of children you have:\_\_\_\_\_\_

Gender Age Birth Date Health / Problems

F M \_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F M \_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F M \_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F M \_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any history or health problems in your children:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personal Health History:**

Do you smoke? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, how much daily?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your partner smoke? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, how much daily?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drink alcohol? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, how much?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever abused alcohol? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, when & how much: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently or ever used marijuana? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Are you currently or ever used illegal or prescription drugs? Yes\_\_\_\_ No\_\_\_\_

If yes, what drugs and how ften?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently or have you ever used prescribed drugs?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes:

what drugs and how often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any current medication use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had surgery? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is the date of your last physical exam? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present obstetrician/gynecologist Name #, Fax # and address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pap smear in the past 6 months? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_

Results:\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you and your partner understand that you must agree to abstain from sexual

activity while attempting to achieve a pregnancy for a couple during the

cycling stages? Yes\_\_\_\_ No\_\_\_\_

Your initials\_\_\_\_\_\_

Spouse/partner initials\_\_\_\_\_\_\_\_

I will inform the agency program coordinator if I am involved with another partner at any time that I am a surrogate / donor. I understand that any sexual partner must be tested before I am sexually active with them

during anytime that I am a surrogate mother.

Surrogate Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Partner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or your spouse/partner been diagnosed with any of the following? Please answer with Yes

or No. Please explain any Yes answers below:



Explanations :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do any of the following apply to you now, or been a problem in the past? Please answer Yes or No next

 to each answer. Please explain any yes answers below.



Explanations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Genetic History:**

Do you have any of the following heritage? Answer Yes or No.



Please indicate if any of the following applies to you, your children or any other member of your **biological** family. Include: parents, siblings, aunts, uncles & cousins. Please answer by writing Yes or No by each question. Please provide us with as much detail about every Yes answer, if you need, you may use the back of this sheet.



Explanations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For Surrogates considering Traditional Surrogacy:**

***Additional Family Information***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Age** | NaturalHair Color | **Eye Color** | **Height/Weight** | **Living** | **Deceased Date:****Cause of Death** |
| **Mother** |  |  |  |  |  |  |
| **Father** |  |  |  |  |  |  |
| **Maternal Grandmother** |  |  |  |  |  |  |
| **Maternal Grandfather** |  |  |  |  |  |  |
| **Paternal Grandmother** |  |  |  |  |  |  |
| **Paternal Grandfather** |  |  |  |  |  |  |
| Siblings:**Brother*(s)*** |  |  |  |  |  |  |
| **Sister*(s)*** |  |  |  |  |  |  |
| Children:**Son*(s)*** |  |  |  |  |  |  |
| **Daughter*(s)*** |  |  |  |  |  |  |

**Questions about you as a Surrogate Mother / Donor:**

Where did you learn about AngelMatcher?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a surrogate mother before? Yes\_\_\_\_ No\_\_

If yes, when:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain as fully as possible why you would like to be a surrogate mother / donor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What type of couple are you willing to help? (circle as many that apply)

Married Unmarried Single Gay Lesbian

What is important to you in a prospective parent(s)?

(i.e. Income, education, religion, childless, or already

having a child)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What kind of support from the following people in your life do you expect:

Your spouse/partner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your family (parents, in-laws, children):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your friends/co-workers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of contact, if any, would you like from the couple during or after the pregnancy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you allow the couple to be present in the delivery room?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like the couple you are helping to attend doctors appointments?\_\_\_\_\_\_\_\_\_\_\_

What reassurance can you give the couple that you will not change your mind

about relinquishing the child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you respond if the child wants to speak to you or meet you in the future? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is a medical problem with the pregnancy or the child you are carrying as a surrogate mother, and the prospective parents want to consider abortion, would you allow them to make that decision based on the advice of the doctors involved and their personal beliefs?

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Would you be willing to reduce triplets to twins? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If you interested in being a Gestational surrogate who will give you your daily injections? \_\_\_\_\_\_\_\_\_\_\_

Compensation and Fees

|  |  |
| --- | --- |
| Base Compensation: |  |
| Invasive Procedures: |  |
| Mock Cycle: |  |
| Transfer/Insem: |  |
| Multiples: |  |
|  |  |
| Expenses: (List all additional items and fees) |  |

Insurance Information Please include details for all Yes items

|  |  |
| --- | --- |
| Name of Carrier |  |
| Pregnancy Coverage | **Y N** |
| IVF Coverage | **Y N** |
| Prescription Drugs | **Y N** |
| Deductible | **Y N** |
| Co-pays | **Y N** |
| Insurance Cost (If Paid by Intended Parents) |  |

Permission To Run Criminal Background Check/s

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prospective surrogate & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prospective surrogates significant other or spouse give Angel Matcher, LLC permission to run a criminal background check for the purpose of the possible matching with one of Angel Matchers Intended Parents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Surrogate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security # of Prospective Surrogate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Significant Other or Spouse

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #

Angel Matcher will hold all information received confidential.

Please note that this will not disqualify you from our program – the only exceptions are any charges for Child Abuse/Neglect, Domestic Violence, Drug Charges.

Respectfully,

Laura Fretwell