



SURROGATE INITIAL APPLICATION

CONTACT INFORMATION:

Surrogate's Full Name: _____
Address: _____
Phone 1: _____ Email: _____
Best time to reach you? _____

REQUIREMENTS:

Do you feel you meet the following basic requirements of surrogacy? A negative answer does not necessarily disqualify you from the program, but may require further information or approval.

- Are you between the ages of 21 and 35? Age: _____ Yes No
- Are you a United States citizen or permanent, legal resident of the U.S.? Yes No
- Are you fluent in English? Yes No
- Have you given birth to at least one child before? # births: _____ Yes No
- Have all of your previous pregnancies been without complication? Yes No
- Have all of your deliveries been full-term (except twins or multiples)? Yes No
- Are you of sound physical and mental health with no serious medical conditions? Yes No
- Do you smoke cigarettes? Yes No
- Do you have criminal history? Yes No
- Do you agree to complete a medical, psychological, and criminal clearance? Yes No
- Are you of Native American ("Indian") ancestry? Yes No

PERSONAL INFORMATION:

Current relationship status: Single Married Partnership Other: _____
Number of Children: _____ Ages of Children: _____
Occupation: Full-time Part-time Unemployed Student Other: _____
Title: _____
Do you currently have health insurance: Yes No If yes, type of Insurance: _____

MEDICAL, PREGNANCY, & SURROGACY INFORMATION:

Have you ever been a surrogate before? Yes No If yes, number of times: _____
Have you ever been declined as a surrogate before? Yes No
Have you worked with a surrogacy agency before? Yes No If yes, Agency: _____
Total # of pregnancies: _____ Total # full-term pregnancies: _____ Total # pre-term pregnancies: _____