

# Application to record or update donor details on the Human Assisted Reproductive Technology Register (Voluntary scheme)



Internal Affairs  
Te Tari Taiwhenua

BDM401

Use this form if you:

- have donated sperm, eggs or embryos to a fertility service provider before 22 August 2005 for use in assisted reproductive procedures, and
- want to record or update your details on the Human Assisted Reproductive Technology (HART) Register.

## Before you apply

### How to submit your application

Complete and post to:

HART team

Births, Deaths and Marriages

PO Box 1052

Wellington 6140

### What you need to provide

You will need to:

- provide a certified true copy of an identity document
- make a statutory declaration on page 6 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)
- 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-conceived person, 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 with donor-conceived people's information**

We will use the information on this form to establish a link to the details of the people who were born as a result of your donation.

It is not compulsory to provide any of the information on this form. However, the more information that you provide, the more likely we can link your details with the details of donor-conceived people.

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-conceived person
- accurate information about you can be provided to a 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. You can apply to access the information held by Births, Deaths and Marriages about you.

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

- a person who the Registrar-General of Births, Deaths and Marriages believes to be a donor-conceived person related to you, if they are aged 18 or older (or aged 16 or 17 with the approval of the Family Court), or
- a person who the Registrar-General of Births, Deaths and Marriages believes to be a guardian of a donor-conceived person related to you, if the donor-conceived person is aged under 18.

You can request that access to the information in this form be restricted in certain ways on page 5. 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

Town or city of birth

Country of birth

Height in centimetres

Eye colour

Hair colour

#### 4. Your ethnicity and cultural affiliations

Ethnicity

Cultural affiliation(s)

If Māori, whānau, hapū and iwi

#### 5. Your medical history

Significant aspects of you and your immediate family's medical history

#### 6. Your address

Street number and name

Suburb

Town or city

Country

Postcode

Contact phone number

Email address

#### 7. Your reason(s) for donating

## 8. Your fertility service provider information

Name and branch of fertility service provider

Identifying number or symbol (if known)



## 9. 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 people conceived with my donations
- ☐ Do not share that I've requested information about people conceived with my donations
- ☐ Other (specify)

## 10. Notification if a link is established

If a link is established to the details of any donor-conceived people who are related to you, 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 ► Fill in Section 11
- ☐ No ► Go straight to Section 12

## 11. 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

Postcode

Contact phone number

Email address



## Statutory declaration

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

**12. I,**

Full name

**13. of**

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

Street number and name

Suburb

Town or city

Country

**14. a**

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

Occupation



**15. 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