

Application by Donor Offspring (or Guardian) to Access Information held on the Human Assisted Reproductive Technology Register



**Te Tari Taiwhenua
Internal Affairs**

Complete and post to **HART Team, Births, Deaths & Marriages (HART), PO Box 10526, Wellington 6143.**
Please **attach** a certified copy of an identity document belonging to the person who is making the request.

Person making application

This request is being made by *(please tick the box that applies)*:

- Donor offspring aged 18 years or older
- Donor offspring aged 16 or 17 years, authorised by Family Court **(Please attach copy of Court order)**
- Donor offspring aged under 18 years, for information that does not identify donor
- Guardian of donor offspring aged under 18 years
- Agent (e.g. lawyer) acting on behalf of a donor offspring or donor offspring's guardian,
(The "Authorisation for Disclosure of Information to Agent" form BDM 405 must be completed)

Benefit of counselling

It is strongly recommended that you consult with a counsellor of your choice **before** submitting this form. Counselling helps people to consider the implications of accessing information about a donor or other donor offspring who are related to the same donor(s), and contacting those people. Counsellors can answer questions about how others have approached the issue, and what seems to work best. Counselling may be arranged through your fertility service provider, or with an independent counsellor.

PERSONAL and ADDRESS DETAILS	
Current first name(s) of donor offspring	
Current surname of donor offspring	
Donor offspring's date of birth	
First name(s) and surname of guardian <i>(if guardian is completing the application where donor offspring is aged under 18)</i>	
Fertility service provider (and branch, if relevant)	
Donor offspring identifier <i>(if known)</i>	
Address information being posted to	
Daytime contact telephone number	()
Email	

Information requested (Restrictions on disclosure of some types of information may apply)

<i>(tick)</i>	A printout containing all or any of the following: \$40.80
	Information relating to the donor offspring who is the subject of the application
	*Information relating to the donor(s) of the donor offspring
	**Information relating to other donor offspring related to the same donor
<i>(tick)</i>	A printout containing the following information: \$15.30 (or no extra fee, if requested with the above same products)
	Whether a donor has asked for information about the donor offspring
	*Whether information is held about the donor(s) of the donor offspring
	**Whether the donor offspring shares a donor with other donor offspring

Payment Details (ALL FEES MUST BE PRE-PAID)

I enclose a NZ cheque/NZ money order (payable to the Department of Internal Affairs) for \$.....
OR

Please debit my VISA MASTERCARD AMEX for \$.....

Credit Card No. Expiry Date /

Cardholder name and signature