Application by donor to access information held on the Human Assisted Reproductive Technology Register



Tono nā te kaituku ki te rapu pārongo e puritia ana ki te Rēhita Hangarau Whakaputa Uri e Āwhinatia ana e te Tangata

BDM403

Use this form if you:

- have donated sperm, eggs or embryos to a fertility service provider for use in assisted reproductive procedures, and
- want to access information about yourself or people who were born as a result of your donation recorded on the Human Assisted Reproductive Technology (HART) Register.

Before you apply

What you need to provide

You will need to provide a:

- certified true copy of your photo identity document
- The BDM130 General identity declaration form on pages 3 to 4 of this form
- The completed payment details on page 5 of this form
- BDM405 Authorisation for disclosure of information to agent form, if the information is being sent to an agent, such as a lawyer, acting on your behalf.

Your photo 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.

An authorised person must be:

- a Justice of the Peace (JP)
- a solicitor or notary public (you may have to pay for their services), or
- a Registrar or Deputy Registrar of the District Court or the High Court, or
- authorised staff in some government agencies.

Requested information

If the requested information is available on the HART Register, you will receive a printout of the information you request in section 3 of this form.

The printout will be typed from the registration. A printout is not a legal document.

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.

Contact details

Website: govt.nz/bdm/contactus

Email: bdm.nz@dia.govt.nz

Only use email for queries about the form. To return the form, follow the postage instructions on page 5. Do not email the completed form to us.

Last updated 11 June 2025 TE TONO • APPLICATION • 1

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Tono nā te kaituku ki te rapu pārongo e puritia ana ki te Rēhita Hangarau Whakaputa Uri e Āwhinatia ana e te Tangata

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1. Your details	
Current first name(s)	
Current surname	
Fertility service provider (and branch)	Fertility service provider identifier (if known)
2. Delivery address you would like any info	rmation sent to
Street number and name	Suburb
Town or city	Country
Postcode	Contact phone number
Email address	
	n or your donation was before 22 August 2005, there register because registrations were not mandatory. formation may apply.
A printout containing all or any of the follow	ing: \$40.80
☐ Information held by BDM in the HART reg	ister relating to you
Information about all donor-conceived p Subject to consent to disclosure by dono	,
A printout containing the following information (no fee if you have requested with one of the	
Whether any donor-conceived people ha	ve been born and their gender

Last updated 11 June 2025 TE TONO • APPLICATION • 2

General identity declaration



BDM130

Instructions:

- Section 1 must be fully completed by you (the applicant).
- Section 2 must be completed by your referee.

Section 1: Applicant details and declaration

The person making this application must complete this section.

Your name will be entered in the access register. For information about the access register visit: www.govt.nz/access-register.

1. Your name	
1a. Your current name	
First and middle names	
Surname or family name	
1b. Your name at birth (if different from above)	
First and middle names at birth	
Surname or family name at birth	
2. Your date and place of birth	
Town or city of birth	Country of birth (if not New Zealand)
Date of birth (dd/mm/yyyy)	

Last updated 11 June 2025 TE TONO • APPLICATION • 3

Phone number	Email address
4. Declaration	
	out me that is entered on this form is true and correct.

Section 2: Referee declaration

Must be completed by a person (other than the applicant) who is 16 years of age or older.

5. Referee's declaration (another person 16 years of age or older must complete)				
	wn the applicant for at least 6 months, or have seen a the applicant, and I am satisfied the information about is true and correct.			
Referee's signature	Date signed (dd/mm/yyyy)			
Referee's full name				
Referee's phone number				
Referee's contact address				

Privacy statement

The information on this form is collected under the Births, Deaths, Marriages, and Relationships Registration Act 2021. As part of processing your request, your identification details will be checked against other records held by the Department of Internal Affairs or other government agencies, as authorised by law.

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.

Warning

It is an offence, punishable by imprisonment and/or a fine of up to \$10,000, to make a false statement to obtain a certificate, printout or a source document, or to provide any means of identification knowing that it is false or is suspected to be forged or falsified.

It is an offence to make any statement that is false for the purpose of recording information under the Births, Deaths, Marriages, and Relationships Registration Act 2021.

Payment Do not post cash or card. Do not email credit card details.	
Charge my credit or debit card (Visa, MasterCard, American Express, Prezzy Card):	
Card number Card expiry date	
Name on card Cardholder signature	
Next Steps	
Print and sign the form.	
Post the form, appropriate fee(s), and documents to us.	
Postal address	
HART Team	
Births, Deaths and Marriages	
PO Box 1052	
Wellington 6140	