

Application by Donor to Access Information held on the Human Assisted Reproductive Technology Register



**Te Tari Taiwhenua
Internal Affairs**

Please 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. If the information is being sent to an agent (e.g. lawyer) acting on behalf of a donor, please ensure the "Authorisation for Disclosure of Information to Agent" form is also 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 donor offspring who have been born as a result of your donation, 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 a fertility service provider, or with an independent counsellor.

PERSONAL and ADDRESS DETAILS	
Current first name(s) of donor	
Current surname of donor	
Fertility service provider (and branch, if relevant)	
Donor identifier (if known)	
Address information being posted to	
Daytime contact telephone number	()
Email	

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

(tick)	A printout containing all or any of the following: \$40.80
	Information held by BDM in the Voluntary Register relating to the donor who is the subject of the application
	*Information about all donor offspring related to the donor (if consent to disclosure is held)

(tick)	A printout containing the following information: \$15.30 (or no extra fee, if requested with the above products)
	* Whether any donor offspring has or have been born and the sex of the 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

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