



DIVISION OF DGA, Inc.
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DETAILED APPLICATION FORM

I AM INTERESTED IN BEING A SURROGATE MOTHER ()

BASIC INFORMATION

Contact Information

Surrogate's First Name _____ Age: _____

Birth Date: _____ Height: _____ Weight: _____

Blood Type: - Select - _____ Ethnic Background: _____

Contact Number: _____ Cell phone: _____

Email: _____

Address: _____

Mailing address: _____

What language do you speak? _____

General Information

Surrogate's First Name _____ Age: _____

Birth Date: _____ Height: _____ Weight: _____

Blood Type: - Select - _____ Ethnic Background: _____

Current Marital Status: Please Select

Single Single (In a relationship) Engaged Married Separated Divorced

How long have you been (together, engaged, married, separated, divorced)? _____

Do you have your own car? Yes No

Are you able to travel outside of your area for doctors' appointment? Yes No

Do you have a flexible schedule to attend doctor appointment? Yes No

Do you currently use Birth Control? Yes No If yes, include name, what type and how long you have been using it _____

Do you have kids? Yes No

If yes, how many? _____ What age? _____

How did you hear about our Agency? _____

Employment

Do you work? Yes No If so: how many hours per week?

What is your job title and description/duties?

Education

What is your highest level of education completed?

Do you have a college degree? Yes No If yes, what is your degree in? _____

Health Insurance Information

Do you have insurance? Yes No

If yes, please provide the name of insurance _____

Does it cover Maternity Care? Yes No

Deliveries History

First Birth:

Date: _____ Gender: Female Birth Weight: _____

Delivery Method: Virginal / C-section

At how many weeks and days did you deliver? weeks _____ days _____

Any complications during pregnancy or delivery (please explain)

Surrogate Pregnancy: Yes No

Second Birth:

Date: _____ Gender: Select Birth Weight: _____

Delivery Method: Virginal / C-section

At how many weeks and days did you deliver? weeks _____ days _____

Any complications during pregnancy or delivery (please explain)

Surrogate Pregnancy: Yes No

Third Birth:

Date: _____ Gender: Male Birth Weight: _____

Delivery Method: Virginal / C-section

At how many weeks and days did you deliver? weeks _____ days _____

Any complications during pregnancy or delivery (please explain)

Surrogate Pregnancy: Yes No

Forth Birth:

Date: _____ Gender: Male Birth Weight: _____

Delivery Method: Virginal / C-section

At how many weeks and days did you deliver? weeks _____ days _____

Any complications during pregnancy or delivery (please explain)

Surrogate Pregnancy: Yes No

Pregnancy History

Have you had any miscarriages? Yes No

If yes, include year and at how many weeks pregnant: _____

Have you had a C-Section? Yes No

If yes, please explain why: _____

When was your last pap smear? _____

General Information

What is your favorite color? _____ What is your favorite movie? _____

What is your favorite flower? _____ What is your favorite food? _____

Do you practice a Religion? Yes No If yes, what religion? _____

What hobbies do you enjoy? _____

What do you enjoy doing as a family? _____

What are your personal reasons for wanting to be a Surrogate? _____

What are some characteristics that describe your personality? _____

Are you in a stable household and living condition at this time? Yes No

If no, please explain: _____

Do you consider yourself financially, stable? Yes No

Who will support you during your Surrogacy Journey? _____

Would you be willing to attend support group meetings with other Surrogates? Yes No

Tell us about your relationship with your husband/boyfriend/significant other? _____

What type of relationship would you like to have with the Intended parent during the process and pregnancy? _____

What type of relationship would you like to have with Intended Parents/baby(ies) after birth?

If the Intended Parent(s) can, would you like them to attend OB appointments with you?

Yes No

Are you willing to have the Intended Parent(s) be Present during the delivery? Yes No

What assurances can you give the Intended Parent(s) that you will not change your mind during the pregnancy and want to keep the baby(ies)? _____

Are you willing to help a couple that already has children? Yes No

Are you willing to help a single parent(male)? Yes No

Are you willing to help a single parent(female)? Yes No

Are you willing to help a single parent (gay male)? Yes No

Are you willing to help a single parent (gay female)? Yes No

What is the maximum number of fetuses you are willing to carry? _____

Are you willing to reduce from triplets to twins? Yes No

If medically necessary are you willing to reduce from triplets to twins? Yes No

Are you willing to reduce from twins to singleton? Yes No

If medically necessary are you willing to reduce from twins to a singleton? Yes No

Are you willing to terminate a pregnancy if medically necessary? Yes No

Are you willing to reduce/terminate if the fetus is diagnosed with Down Syndrome? Yes No

Are you willing to undergo an amniocentesis if medically necessary? Yes No

DGA, Inc.

Confirmation of Application Information

Under penalty of perjury, I attest that all the information I have provided in my Surrogacy Application is **true, to the best of my knowledge**. I confirm that I have thoroughly read,

understand, and agree to the information and responsibilities described in the Information and Application Packet. Further, I confirm that I have had all my questions pertaining to egg donation and/or Surrogacy answered and feel that I am fully ready to proceed as an Egg Donor and/or Surrogate. If I am represented by your Agency, I agree to inform its representatives if, at any time, I no longer want to and/or am unable to donate, as well as if I become matched with Prospective Parents for an egg donation via any other means.

Printed Full Name: _____

Signature: _____

Date: _____

Donor# _____ (for office use only)

Signed for Agency: _____

Date: _____

