

## PARENTS OF DONOR OFFSPRING UNDER 18 REGISTRATION FORM

EACH PARENT WISHING TO BE REGISTERED SHOULD COMPLETE A SEPARATE FORM

Information about your child		Please print clearly and tick appropriate options	
Surname (family name)		Given name(s)	
Date of birth	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/> Other <input type="checkbox"/>
Place of birth (including state, or if born outside Australia, country)			
Information about you			
Who is registering on this form?		Mother <input type="checkbox"/>	Father <input type="checkbox"/>
Mothers Title	Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/>	Father's Title	Mr <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/>
Mother's surname		Father's surname	
Mother's Maiden name		Father's given names	
Mother's given names		Father's date of birth	
Mother's date of birth			
Contact Details			
Address			
Suburb		State	Postcode
PO Box Address			
Mobile		Home phone	Work
Can we leave a message identifying Jigsaw DNA at these numbers?			
Mobile: Yes <input type="checkbox"/> No <input type="checkbox"/>		Home : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email (please print)			
Please let us know how you learned about the Donor and Offspring Register			
Jigsaw Website <input type="checkbox"/>	Internet Search <input type="checkbox"/>	Clinic <input type="checkbox"/>	Brochure <input type="checkbox"/>
Doctor <input type="checkbox"/>	Facebook <input type="checkbox"/>	Instagram <input type="checkbox"/>	
Phone book <input type="checkbox"/>	Dept. of Health <input type="checkbox"/>	Friend <input type="checkbox"/>	Family <input type="checkbox"/>
Other _____			

## Donation Information

Type of donation    Sperm     Egg     Embryo     Date of treatment (if known)

Donor Code

Voluntary Register Number

( those previously registered  
with the Health Department)

The donor code is essential for matching. Parents can contact the clinic where treatment took place to ask for non-identifying information about their donor and obtain the donor code.

Alternatively, would you prefer Jigsaw DNA to contact the clinic to ask for your donor code?    Yes     No

Name and address of Clinic/ hospital or other location where donation occurred (if known)

Who are you searching for? (you may wish to tick more than one option)

Donor     Childs Sibling     Parents of child's siblings

Have you had any contact with your donor?    Yes     No

If yes, when did contact occur?

Have you had any contact with any siblings?    Yes     No

If yes, when did contact occur?

## What happens if there is a match

We will contact you and discuss your wishes and how you want to proceed. Some people may just want to leave or exchange information, some may want full contact. Your contact details will not be given out without your consent. If a match is made you will need to provide identification.

Please note, parents will only be informed of a match whilst their child is under 18 years old.

**Remember to update your contact details if they change.**

## Authority

I give permission for the information in this registration to be shared with any government body authorised to manage the Donor and Offspring Register.    Yes     No

I give the Donor and Offspring Register staff permission to contact the fertility clinic or medical practitioner where donation or treatment occurred if necessary.    Yes     No

Print name

Signature

Date

Comment::

You are welcome to include any additional relevant information on a separate piece of paper.

**Please send your completed forms to:**

Jigsaw DNA , PO Box 512, North Perth, Western Australia 6906

*Jigsaw DNA Connect is partnered and funded by The Department of Health.*

## Optional Research Questions ~ Parents

The questions below are only for research purposes, to help us better understand people's experiences. Statistics will be completely anonymous. Answering is optional. Complete as many questions as you wish.

**Does your child know they are donor conceived?**

Yes  No

**How old was your child when they found out they are donor conceived?**

**Who told them they are donor conceived?**

Mother  Father  Both parents  They don't know yet  Other \_\_\_\_\_

**Have you told your child that you are on this register?**

Mother: Yes  No  Father: Yes  No

**If no, do you plan on telling them?** Yes  No  Haven't decided

Comment \_\_\_\_\_

**Are you and your spouse/partner still together?** Yes  No  I had my child as a single parent

Comment \_\_\_\_\_

**If no, how old was your child when you separated?** Under 12 years  12-18 years  Over 18 years

Please tick how you feel about the following statements.

**I feel worried or upset about my child contacting their donor.**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**I feel worried or upset about my child contacting their sibling.**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**I often wonder which personality traits, skills or parts of their appearance my child inherited from their donor(s)?**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**I feel like there is support available to me to meet my emotional needs as a parent of a donor conceived person.**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**I feel like fertility clinics understand and respect my emotional needs as a parent of a donor conceived person.**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**Is there anything that could have made being the parent of a donor conceived person a better experience for you?**

There are different ideas around language and  
how we should refer to people involved in artificial reproduction.

Which term do you prefer for the genetic parent who is not raising the child? *(you can choose more than one)*

Donor  Bio-father  Bio-Mother  Father  Mother  Parent  Other \_\_\_\_\_

How should we refer to the 'created child' in written material? *(you can choose more than one)*

Donor conceived person  Offspring  Child  Son  Daughter  Other \_\_\_\_\_

There has been some discussion about changing birth certificates.

What would you like to see on birth certificates?

1) Just record the parents who will raise the child, whether or not they are genetically related (as happens now).

Yes  No  Don't know  Don't care

2) Record all relevant parties eg genetic parent, surrogate, social parent.

Yes  No  Don't know  Don't care

3) If yes to (2), should there also be a version with just the parents who raise the child to be used for school admissions, licenses etc.?

Yes  No  Don't know  Don't care

Comment \_\_\_\_\_

Please add any extra information below.