



**Complete as many fields as possible.**

- I would like to register for the Donor Conceived Register and for the DNA database
- I would like to register for the Donor Conceived Register but not the for the DNA database
- I am registered already but would like to change my details or add information

**Complete name and date of birth as currently registered and specify changes and additions.**

- Remove my details from the Donor Conceived Register and the DNA database (if applicable)

**Complete name and date of birth.**

## 1. Personal details

Surname  Maiden name/Previous surname or known by any other name

First Names

Male /  Female Town of birth

Date of birth  Country of birth

NHS number (if known)

## 2. Contact details

Note at least one method of contact. You will receive mail in an unmarked envelope.

**Mail**

Number/House name

Street

Town/city

County

Postcode

Email

**Phone** (Tick preferred number)

Home

Mobile

Other

By ticking the box I give permission to leave a non-specific message on the voicemail of my preferred number.

### 3. Matching options

If there's a successful match with a donor or a genetic half-sibling you will be notified of the physical and social characteristics (see Terms & Conditions) S/He will also be notified of the match. Please specify if you'd like further contact. You can choose more than one option.

- Contact with donor
- Contact with donor-conceived half-sibling
- Contact with non-donor-conceived half-sibling

### 4. Matching details

Even if you're registered for the DNA database this information could be important. Your genetic half-sibling or your donor could be registered with the DCR but may have chosen not to register with their DNA (yet). This information may help to make a match. If you're not registered for the DNA database this information will be used for possible matching.

If there's reason to believe there's a match and you, the donor or the genetic half-sibling hasn't supplied a DNA sample, you, the donor or the genetic half-sibling will be asked to do so. **This request can be refused by any party.**

Education	<input type="text"/>
Profession	<input type="text"/>
Eye colour	<input type="text"/>
Hair colour	<input type="text"/>
Style hair	straight / curly / wavy / thin / thick / bald
Height	<input type="text"/>
Weight	<input type="text"/>
Ethnicity	<input type="text"/>
Blood group (own)	A / B / AB / O positive / negative
Blood group (non-donor parent)	A / B / AB / O positive / negative

#### 4. Matching details continued

Conceived via egg/sperm donation

Clinic name & address

Doctor's name at time of donation

Special remarks

Please supply any information that could make matching easier, for instance any distinctive features that a donor or genetic half-sibling might have as well.

#### 5. What you know about the donor

The clinic might have supplied some information about the donor at the time of treatment which could support the matching process. Leave blank if no information available.

Marital status

single / married / divorced / widowed

No of non-donor conceived children

Education

### 5. What you know about the donor continued

Profession

Eye colour

Hair colour

Style hair  straight / curly / wavy / thin / thick / bald

Height

Weight

Ethnicity

Blood group  A / B / AB / O positive / negative

Year/s donations took place

Clinic name & address

Location clinic

Doctor's name at time of donation

Special remarks

## 6. In case of your death or if we can't find you

You can remove your details from the Donor Conceived Register or the DNA database at any time. Please let us know what needs to be done in the case of your death or if we can't find you after all reasonable steps have been taken. This could become relevant in the case of a match or if your death is reported by next-of-kin.

Keep my details on the DCR and on the DNA database (if relevant) even after my death or if I can't be found. In the case of a match please contact:

Surname	<input type="text"/>	Maiden name/Previous surname or known by any other name	<input type="text"/>
First Names	<input type="text"/>		<input type="text"/>
Date of birth	<input type="text"/>	Relationship to you	<input type="text"/>
NHS number (if known)	<input type="text"/>		

Remove all my details from the DCR and the DNA database (if relevant) as soon as you've been notified of my death or if you can't find me after all reasonable steps have been taken.

## 7. Further information

Please supply any further information that you may feel is helpful, such as known genetic half- siblings who may already have registered or are about to register. Please note you must have this person's consent.

## 8. Completing your registration

Please complete all relevant sections.

- I have read, understood and agree with the Terms and Conditions. These terms can be found separately on [www.donorconceivedregister.org.uk/forms](http://www.donorconceivedregister.org.uk/forms)
- I have completed all 6 pages of this Registration Form for Donor-Conceived RFDC(V1).
- I have enclosed a **copy** of a valid passport or driving licence.

Name

Date

Signature