
Identity (ID) Option Birth Registration Form

Congratulations! We have recently received a pregnancy report from your cycle using eggs from Identity (ID) Option Donor # _____. **In order for your child to receive Identifying Information about the donor when he/she is 18, , you MUST complete and submit this form to Fairfax EggBank Inc. after your child is born. Merely using eggs from an ID Option donor does not allow access to the Identifying Information. If you choose not to register your child, the donor will remain anonymous and your child will not be able to access identifying information once s/he reaches 18 or older.** The information provided below is confidential and will only be used when/if your child requests Identifying Information regarding the donor.

Parent information:

Change existing account information as indicated below

Recipient's Printed Name

Spouse's or Partner's Printed Name (if applicable)

Recipient's Signature

Spouse's or Partner's Signature (if applicable)

Recipient's Date of Birth

Spouse's or Partner's Date of Birth (if applicable)

Date _____

Address _____

City, State, Zip _____

Ph# _____

Physician who performed or oversaw the embryo transfer procedure:

Name _____

Clinic Name: _____

Address _____

City, State, Zip _____

Ph# _____

Please send confirmation letter to:

Email: _____

Home Address listed on page 1

Donor # _____

Offspring Information:

Name (s) _____

Date of Birth _____

Sex: [] Male [] Female

Social Security Number (s) _____

Return form to: Fairfax EggBank Inc.
Attn: Identity (ID) Option Program
3015 Williams Dr.
Fairfax, VA 22031

Office use only:

Date form received _____

Order/donor verified _____

Physician confirmed _____