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## 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* \_\_\_\_\_