

Your consent to being registered as the legal parent in the event of your death

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK's independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are:

- married or in a civil partnership with your partner who is undergoing treatment, and
- your partner is receiving treatment using embryos created outside the body (in vitro) using donor sperm and either her own or donor eggs, and
- you wish to be registered as the legal parent to any child born if you die before embryos (that were created before your death) are transferred to your partner.

You **must** sign the form yourself. You **may not** direct someone else to complete and sign the form for you.

If you are using donor sperm but are not married or in a civil partnership, you should complete the 'Your consent to being the legal parent' (PP) form and not this form.

Why do I have to fill in this form?

If an embryo is transferred to your partner while you are alive, then as long as you and your partner are married or in a civil partnership, you will automatically be the legal parent of any child born. However, this would not be the case in the unfortunate event that you died before embryo transfer took place.

By law, you **must** give your written consent if you want to be registered as the legal parent of any child born from embryos that have been created before your death that are transferred to your partner after your death. That's what this form is for. While it may be something you prefer not to think about, it's important that you do to ensure you have everything covered from a legal perspective if this were to happen.

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HFEA centre reference Other relevant forms

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Patient number		
What do I need to know before	filling in this form?	
Make sure that your clinic has given you all the decisions. This includes an opportunity to have	•	informed
the implications of giving your consent		
• the consequences of making changes to this	consent, and	
how and when you can make changes to you	ur consent.	
This is a complex subject. If you're unsure about information, please speak to your clinic. There is to confirm you have received this information. If form, your consent may be invalid.	s a declaration at the end of this form which	you must sign
This consent only applies to embryos created we with donor sperm after your death, it is not poss parent, even if you have given your consent.	· · · · · · · · · · · · · · · · · · ·	
When filling in this form, make sure you sign t the page and fully agree with the consent and the boxes relevant to you. When you have conclinic.	information given. Also ensure that you ha	ve ticked all
1. About you		
First name(s)	Surname	
Date of birth	NHS/CHI/HCN/passport number (please	e circle)
D D M M Y Y		
O About commonwer		
2. About your partner		
Your partner's first name(s)	Your partner's surname	
Your partner's date of birth	Your partner's NHS/CHI/HCN/passport	number

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Patient	number				
Birth	n registration in th	e event of your death			
your p	artner has the embryos tra	en created using donor sperm for your partner's treatment nsferred, then you are only able to be registered as the part nted to this in writing. This is known as posthumous birth re	arent of the		
2.1.	Do you consent to embryos created before your death being transferred to your partner after your death, and to being registered as the legal parent of any child born from your partner's treatment after your death (ie, posthumous birth registration)?				
	By ticking yes, you conse	ent to the following:			
		e, place of birth and occupation being entered on the regis y child born from my partner's treatment.	ter of births as		
	-	nder the Birth and Deaths Registration Act 1953, or the Bi Northern Ireland) Order 1976, or the Registration of Births Act 1965.			
	 I also consent to my i the following registrar 	information (relating to my partner's treatment) being discl	osed to one of		
	 the Registrar General 	eral for England and Wales			
	 the Registrar General 	eral for Scotland			
	 the Registrar for N 	orthern Ireland.			
	☐ Yes ☐	No			
		g recorded in the register of births as the legal parent of eatment does not transfer any inheritance or other leg			
3.	Declaration				
Please	e sign and date the declara	ition.			
	•	named in section one of this form.			
	eclare that:				
	before I completed this forn and I was given an opportu	n, I was given information about the different options set canity to have counselling	out in this form,		
	the implications of giving m fully explained to me, and	y consent, and the consequences of changing this conser	nt, have been		
- 1	understand that I can mak	se changes to my consent at any point until the time of em	bryo transfer.		
• I de	eclare that the information I	have given on this form is correct and complete.			
con	nnection with, the conduct o	on this form may be processed and shared for the purpose of licensable activities under the Human Fertilisation and Eance with the provisions of that act.			
Your s	signature	Date			
		D D M M Y Y			