

Department of Health and Human Services
 Consent to Parentage from Assisted Reproduction
 (As specified in Title 19-A §1924)

DIRECTIONS: This form is considered the written consent of a person who intends to be a parent of a child born through assisted reproduction as defined in Title 19-A §1832. This form must be signed by each intended parent consenting to the use of assisted reproduction to conceive a child with the intent to parent the child and provide the method of assisted reproduction used to conceive the child.

If this form is completed after the birth of the child, the information pertaining to the child and parent(s) must match the birth certificate on file at the Data, Research, and Vital Statistics (DRVS) office. Any changes to the child's name or parent information must be provided on this form. If this form is completed prior to the birth of the child and a birth record has not been filed with DRVS, the top portion of this form does not need to be completed. This form must be presented to DRVS in conjunction with any written agreements, if applicable, as specified in Title 19-A M.R.S. §1928. For the purposes of creating a birth record, please complete the form in **BLACK INK** only.

EBSR Case ID Number _____ State File Number _____

INFORMATION ON BIRTH RECORD FILED WITH DRVS	Child's Name (<i>First, middle, last, suffix</i>) (<i>If the child's name is unknown, please provide the last name of the child</i>)			
	Date of Birth (<i>mm/dd/yyyy</i>) (<i>Provide approximate DOB if unknown</i>)		Sex	Place of Birth (<i>City, Town or Location of Birth</i>)
	Facility Name and Address (<i>Street and number, city/town, state, zip code</i>)			
	Mother/Parent's Name (<i>First, middle, last, suffix</i>)			Date of Birth (<i>mm/dd/yyyy</i>)
	Residence of Intended Mother/Parent (<i>Street and number, city/town, state, zip code</i>)			Birthplace (<i>State, Territory, or Foreign Country</i>)
	Father/Parent's Name (<i>First, middle, last, suffix</i>) (<i>If applicable</i>)			Date of Birth (<i>mm/dd/yyyy</i>)
CONSENT OF INTENDED PARENT(S)	STATEMENT OF PARENTS: I/We affirm under penalty of perjury that we consent to the use of assisted reproduction to conceive a child with the intent to parent the child. I/We acknowledge by the completion of this form I/we will be named as parent(s) on the birth certificate of the child and will assume all parental rights and responsibilities. I/We are voluntarily signing this form without being subject to force, threats or coercion of any kind.			
	Method of Assisted Reproduction Causing Pregnancy (<i>Select one</i>)			
	<input type="checkbox"/> Intrauterine or Vaginal Insemination <input type="checkbox"/> Donation of Gametes <input type="checkbox"/> Donation of Embryos <input type="checkbox"/> Intracytoplasmic Sperm Injection			
	Signature of Mother/Parent ▶		Signature of Father/Parent ▶	
Printed Name of Mother/Parent		Date Signed (<i>mm/dd/yyyy</i>)	Printed Name of Father/Parent	Date Signed (<i>mm/dd/yyyy</i>)
STATEMENT OF NOTARY PUBLIC/MUNICIPAL CLERK	NOTARY PUBLIC/MUNICIPAL CLERK: The above individuals personally appeared before me and made oath to the truth of the foregoing statements.			
	State of: _____		State of: _____	
	County of: _____		County of: _____	
	Signed or attested before me on: _____		Signed or attested before me on: _____	
	Commission Expiration Date: _____		Commission Expiration Date: _____	
	Signature of Notary Public/Municipal Clerk ▶		Signature of Notary Public/Municipal Clerk ▶	
Printed Name of Notary Public/Municipal Clerk		Printed Name of Notary Public/Municipal Clerk		
For the purposes of establishing a new birth record, please complete the information below (<i>if different from the birth record filed at DRVS</i>).				
NEW BIRTH RECORD INFORMATION	Child's Name (<i>First, middle, last, suffix</i>)			
	Date of Birth (<i>mm/dd/yyyy</i>) (<i>Provide approximate DOB if unknown</i>)		Sex	Place of Birth (<i>City, Town or Location of Birth</i>)
	Facility Name and Address (<i>Street and number, city/town, state, zip code</i>)			
	Intended Mother/Parent's Legal Name (<i>First, middle, last, suffix</i>)		Name Prior to First Marriage	Date of Birth (<i>mm/dd/yyyy</i>)
	Residence of Intended Mother/Parent (<i>Street and number, city/town, state, zip code</i>)			Birthplace (<i>State, Territory, or Foreign Country</i>)
	Intended Father/Parent's Legal Name (<i>First, middle, last, suffix</i>) (<i>If applicable</i>)		Name Prior to First Marriage	Date of Birth (<i>mm/dd/yyyy</i>)
	Residence of Intended Father/Parent (<i>Street and number, city/town, state, zip code</i>)			Birthplace (<i>State, Territory, or Foreign Country</i>)