

RECIPIENT INITIAL CONTACT FORM AND
DATABASE ACCESS REQUEST
OVUM DONATION PROGRAM

Please fill out this form as truthfully and completely as possible. A Database User Name and Password will be emailed to you. Upon receipt of these information, Intended Parent(s) agree not to disclosed any obtained information to a third party without the specific written authorization of Woman to Woman Fertility Center, Inc..

NOTE ON TERMS: As used in this form, “Intended Parent 1” (“IP1”) shall refer to the person who plans to be the legal parent of any child born from the contemplated ovum donation. In the event Intended Parent has a spouse or co-habiting partner, such spouse or partner shall be referred to herein as “Intended Parent 2” (“IP2”).

Date : ____/____/____/
Month Day Year

IP1 Last Name	First Name	Initial	Social Security Number
IP2 Last Name	First Name	Initial	Social Security Number

Marital Status : Married: Single: Separated: Divorced: Widowed:

Home Address

City	County or Province	State	
Zip code	Country	Home Telephone Number	Home Fax Number
IP1's Work Telephone Number	IP2's Work Telephone Number		

Email Address _____

IP1's Date of Birth	IP1's Place of Birth	Race
IP2's Date of Birth	IP2's Place of Birth	Race
IP1's Occupation	IP2's Occupation	

Please describe your fertility history.

Have you had any previous pregnancies: Yes No

If yes, please explain: _____

Do you have any children: Yes No If yes, their ages and sex: _____

What doctors have you consulted as a result of your infertility?: _____

Did your doctor refer you to Woman to Woman Fertility Center ? Yes No

If not, who referred you ? _____

Have you attempted any of the following options?

Adoption ? _____ Artificial Insemination ? _____ In-Vitro Fertilization ? _____

Results ? _____

Have you or your spouse been treated for any psychiatric or mental illness? ? Yes No

If yes, please, describe: _____

Are you or your spouse on any prescribed medication? ? Yes No

If yes, please list: _____

Have you or your spouse consulted with a psychologist concerning your desire to have a child

thru a third party arrangement? ? Yes No

If yes, who have you consulted : _____

COPY OF DRIVER'S LICENSE AND MARRIAGE CERTIFICATE (IF APPLICABLE) IS REQUIRED, IF YOU ARE NOT A U.S. CITIZEN, COPY OF PASSPORT REQUIRED

In order to facilitate a match please help us to know what is important to you. We will use this information to determine which new applicants to mail to you in the future.

Please rate each of the following characteristics of an ovum donor candidate in order of importance to you. (1 is least important, 10 is most important)

- _____ Marital Status
- _____ Former pregnancies
- _____ Educational background
- _____ Physical Characteristics (hair, eye color, height, weight)
- _____ Family history of physical illness
- _____ Personal characteristics and habits

Other specific information _____

Please mail, email, or fax completed Form and copy of documents to:

**Woman to Woman Fertility Center, Inc.
383 Diablo Road, Suite 100 Danville, CA 94526
Phone (925) 820-9495 Fax (925) 820-3885
Email: wwfc@compuserve.com**