

# Your consent to your partner being the legal parent

HFEA  
WP form



## About this form

### Who should fill in this form?

Fill in this form if you are a woman, and:

- you are receiving treatment and you wish your partner to become the legal parent of any child born as a result of this treatment; and
- you are not married to or in a civil partnership with your partner; and
- you are receiving treatment using donor sperm, or embryos created in vitro with donor sperm.

### Why do I have to fill in this form?

Under the Human Fertilisation and Embryology Act 2008, your partner can be the legal parent of any child born from your treatment - as long as both you and your partner give your consent to this in writing.

Both you and your partner can make changes

to or withdraw your consent at any point until the time of sperm, egg or embryo transfer. If you would like to change or withdraw your consent, you should ask your clinic for new forms.

### Before filling in this form

Before you fill in this form, your clinic should make sure that you receive all the relevant information you need about your treatment and the implications of giving consent to your partner being the legal parent. You should also have been given an opportunity to receive counselling about this.

### After filling in this form

After you have filled in this form, make sure that you have a photocopy of it.

## 1 About you

1.1	<b>Your first name(s)</b>	<i>Place clinic sticker here</i>
	<input type="text"/>	
1.2	<b>Your surname</b>	
	<input type="text"/>	
1.3	<b>Your date of birth</b>	1.4 <b>Your NHS/CHI/passport number (please circle)</b>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 2 About your partner

2.1	<b>Your partner's first name(s)</b>	<i>Place clinic sticker here</i>
	<input type="text"/>	
2.2	<b>Your partner's surname</b>	
	<input type="text"/>	
2.3	<b>Your partner's date of birth</b>	2.4 <b>Your partner's NHS/CHI/passport number (please circle)</b>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### For clinic use only

HFEA centre reference

Patient number *Assigned by clinic*

Other relevant forms



### 3 About your consent

#### 3.1 Your consent to your partner being the legal parent

I consent to my partner (named in section 2) being the legal parent of any child born from my treatment.

### 4 Declaration

#### Please sign and date the declaration

##### Your declaration

- I declare that I am the person named in section 1 of this form.
- I declare that:
  - before I completed this form, I was given information about the options set out in this form, and I was given an opportunity to receive counselling; and
  - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me; and
  - I understand that I can make changes to or withdraw my consent at any time until the eggs, sperm or embryos have been transferred.
- I declare that the information I have given on this form is correct and complete.
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, or a data controller – as defined in section 1 of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990, as amended), or for record storage and archiving purposes.

##### Your signature

X

##### Date

DD MM YY

##### If signing on behalf of the person consenting

If the person consenting is unable to sign for themselves because of illness, injury or physical disability, someone else representing the person can sign the form on their behalf. There must also be a witness confirming that the person consenting is present when the representative signs the form.

##### Representative's declaration

- I declare that the person named in section 1 of this form is present at the time of signing this form.

##### Representative's name

##### Representative's signature

X

##### Relationship to the person consenting

##### Date

DD MM YY

##### Witness's name

##### Witness's signature

X

##### Date

DD MM YY