



# Surrogacy International, Inc.

120 El Paseo, Santa Barbara, CA 93101 • www.surrogacyinternationalinc.com

Telephone (805) 770-7660 • Facsimile (805) 845-7705

## INTENDED PARENT QUESTIONNAIRE

### **CONTACT INFORMATION:**

---

**Intended Parent 1** (Full Name): \_\_\_\_\_ DOB: \_\_\_\_\_

Country / Countries of Citizenship: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

**Intended Parent 2** (Full Name): \_\_\_\_\_ DOB: \_\_\_\_\_

Country / Countries of Citizenship: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City) (Zip) (Country)

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Primary Email address: \_\_\_\_\_

Secondary Email address: \_\_\_\_\_

How would you like us to contact you?  Email  Phone

### **ADDITIONAL INFORMATION:**

---

What program(s) are you interested in:  Egg Donation  Surrogacy  Other: \_\_\_\_\_

Are you currently working with a fertility clinic?  Yes  No If yes, Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current relationship status:  Married  Partnership  Same Sex Couple  Single  Other: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Briefly describe why you are considering surrogacy and/or egg donation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other additional information you would like us to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_