



Surrogacy International, Inc.

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SURROGATE APPLICATION

CONTACT INFORMATION:

Surrogate's Full Name: _____ DOB: _____

Address: _____

Phone 1: _____ Phone 2: _____

Email address: _____

How would you like us to contact you? Email Phone

PERSONAL INFORMATION:

Are you a U.S. citizen or a permanent resident? Yes No

Drivers' License #: _____ State drivers' license was issued: _____

Have you ever lived or traveled out of the United States? Yes No

If so, where did you go and how long were you there? _____

Current relationship status: Single Married Partnership Other: _____

Spouse/Partner Name: _____ DOB: _____

Do you have any children? Yes No If yes, number of children and their ages? _____

Height: _____ ft. _____ in. Weight: _____ lbs. Race(s): _____

Are you of Native American or Indian blood ancestry? Yes No

If yes, name of tribe: _____

Are you of Jewish blood ancestry? Yes No

Are you of Asian ancestry? Yes No

Occupation: Full-time Part-time Unemployed Student Other: _____

Employer/ University (if applicable): _____

What is the highest level of education you have completed? High School Some college College (BS/BA)

Post-graduate Other: _____ Degree: _____

Do you currently have health insurance: Yes No If yes, type of Insurance: _____

Are you currently on any government assistance: Medical Cash Aid Food stamps Other _____

Are you willing to be a surrogate for a single man, single woman, or same sex couple? (A negative answer will not disqualify you from being selected as a donor?) Yes No

Have you ever been declined as a surrogate before? Yes No

BASIC HEALTH INFORMATION:

Have you ever been a surrogate before? Yes No If yes, number of times: _____

Have you worked with a surrogacy agency before? Yes No

If yes, Name of Agency: _____

Total number of pregnancies: _____ Total number of full term births: _____ Total number of preterm births: _____

Have you ever carried multiple babies? Yes No If yes, how many times and number of babies? _____

Are you willing to carry multiple babies? Yes No If yes, up to how many babies? _____

Have you ever had a C-section? Yes No If yes, how many? _____

Have you ever had any complications with pregnancy (i.e. gestational diabetes, hypertension, ectopic pregnancies, still-birth, etc.)? Yes No If yes, explain: _____

Have you ever had any complications with delivery (i.e. prolonged or premature labor, etc.)? Yes No

If yes, explain: _____

Do you have any medical/psychological condition(s) that may interfere with pregnancy and/or delivery? Yes No

If yes, explain: _____

Do you use any tobacco products? Yes No

Do you use any non-prescribed drugs? Yes No

Do you drink alcohol? Yes No If yes, how many drinks per week on average? _____

Are you currently on birth control? Yes No If yes, name of birth control? _____

Are you currently taking any medications? Yes No

If yes, please list all medications: _____

Do you have a menstrual cycle each month? Yes No

What was the first day of your last menstrual cycle? _____

Do you have both ovaries? Yes No

Have you ever had any problems related to anesthesia? Yes No If yes, explain: _____

Do you know your blood type and Rh Factor? Yes No If yes, Blood type: _____ Rh Factor: _____

Have you or an immediate family member ever had any known medical conditions that may interfere with pregnancy and/or delivery? Yes No If yes, explain: _____

Have you had any tattoos or body piercings within the last 12 months? Yes No

ADDITIONAL INFORMATION:

Very briefly, tell us why do you want to be a surrogate? _____

How did you hear about us (please be specific): _____