

Consent to Parentage from Assisted Reproduction

Directions: A person who intends to be a parent of a child born through assisted reproduction shall consent to such in a signed record that is executed by each intended parent and provides that the signatories consent to the use of assisted reproduction to conceive a child with the intent to parent the child (as specified in 15C V.S.A. §703 – 705).

Intended Child	1. Child's Name (First, Middle, Last, Suffix) (If the child's name is unknown, please provide the child's last name)			
	2. Date of Birth (mm/dd/yyyy) (Provide approximate DOB if unknown)		3. City or Town of Birth	
	4. Facility Name (If not a facility, give street and number)			
Intended Parent	5. Intended Parent's Current Legal Name (First, Middle, Last, Suffix)		6. Social Security Number	
	7. Parent's Last Name Prior to First Marriage			
	8. Date of Birth (mm/dd/yyyy)		9. Birthplace (State, Territory, or Foreign Country)	
	10. Residence Address (Street and Number, City/Town, State, Zip Code)			
Intended Parent	11. Intended Parent's Current Legal Name (First, Middle, Last, Suffix)		12. Social Security Number	
	13. Date of Birth (mm/dd/yyyy)		14. Birthplace (State, Territory, or Foreign Country)	
	15. Residence Address (Street and Number, City/Town, State, Zip Code)			
Statement of Intended Parents	Statement of Parents: I/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.			
	Signature of Parent	Date Signed (mm/dd/yyyy)	Signature of Parent	Date Signed (mm/dd/yyyy)
	Printed Name of Parent		Printed Name of Parent	
Witness	Signature of Witness			