

For hospital use only
Gestational Carrier's name _____
Gestational Carrier's medical record # _____
Newborn's medical record # _____

Place your logo here

Gestational Carrier's Worksheet

The information you provide below will be used to create the newborn's official birth record. It is very important that you provide complete and accurate information.

This worksheet is to be completed by the gestational carrier. The term "gestational carrier" is used to describe a gestational surrogate who was implanted with someone else's fertilized egg, and then carries and delivers the child for the intended parents. In the rare instance that the gestational carrier is unable to complete the worksheet, another individual is permitted to complete the worksheet. In those instances, that individual must provide the required details about themselves and their relationship to the gestational carrier at the end of the worksheet.

PLEASE PRINT CLEARLY

Gestational Carrier's Information

1. What is your current legal name?

_____ (First) _____ (Middle) _____ (Current last) _____ (Suffix)

2. What name did you use prior to your first marriage?

Same as current legal name (if you checked this box, go to question #3)

_____ (First) _____ (Middle) _____ (Last) _____ (Suffix)

3. What is your date of birth?

_____ (Month) _____ (Day) _____ (Year)

4. What is your residence (where do you actually live?)

_____ (Complete street address – No PO Box) _____ (Apartment number)

Do you live in a township? Yes, I live/reside in _____ township.

No, I live/reside in _____ city/boro.

_____ (County) _____ (State) _____ (Zip Code) **Residence outside of United States, country** _____

5. Education - What is the highest level of schooling you have completed? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).

- 8th grade or less
- No diploma, 9th – 12th grade
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

6. Hispanic Origin - Are you Spanish/Hispanic/Latino/Latina? Check the appropriate box. CHECK ONLY ONE

- No, not Spanish/Hispanic/Latino/Latina
- Yes, Cuban
- Yes, Mexican/Mexican American/Chicano/Chicana
- Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino/Latina (specify) _____
(Spaniard, Salvadoran, Dominican, Columbian, etc.)

7. Race - Which one or more of the following would you say is your race? CHECK ALL THAT APPLY

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native
(name of the enrolled or principal tribe)
_____ | <input type="checkbox"/> Other Asian (name of the enrolled or principal tribe)
_____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Pacific Islander (name of the enrolled or principal tribe)
_____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> White |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Don't know/Not sure |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Native Hawaiian | |

8. Did you receive WIC (Women, Infants & Children) food for yourself during this pregnancy?

- Yes
- No
- Don't know/Not sure

9. What is your height?

_____ feet _____ inches

10. What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this newborn?

_____ pounds

11. Did you smoke before and/or during this pregnancy?

- Yes (if you checked this box, complete the following information regarding number of cigarettes or number of packs)
- No (if you checked this box, go to question #12)

Enter the number of cigarettes or packs of cigarettes you smoked per day for each time period below:

	Number of cigarettes	OR	Number of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Last three months of pregnancy	_____	OR	_____

Completion of Worksheet – Other than Gestational Carrier

12. What is the name of the individual (hereinafter referred to as informant) providing information for this worksheet?

_____ (First) _____ (Middle) _____ (Last) _____ (Suffix: Jr., III, etc.)

13. What is your relationship to the gestational carrier?

- Spouse
- Intended parent of newborn _____
- Hospital employee
- Other (specify) _____

14. In the box below, explain why you are completing this worksheet in lieu of the gestational carrier (use reverse side if additional space is needed).

15. Read and sign to attest to the following statement.

I attest that I am the informant in #12 above and that the information I provided in this worksheet is true and accurate to the best of my knowledge.

_____ (Signature of informant)

_____ (Date)

Please return this completed worksheet to:

Insert your facility info here