



Identity (ID) Birth Registration Form

Congratulations on the birth of your child! Since this birth results from an Identity (ID) donor, as per the agreement originally signed at time of order, you **MUST** register the birth of your child with Fairfax Cryobank, Inc., hereafter referred to as Cryobank, in order for him/her to receive Identifying Information at age 18 or older. **To ensure that the Donor's Identifying Information will be provided, you MUST complete the following information and return this registration form to Cryobank upon the birth of your child.** The information provided below is confidential and will only be used when/if your child requests Identifying Information regarding the donor.

Parent information:

☐ Change existing account information as indicated below

Recipient's Printed Name

Date

Recipient's Signature

Address

Phone Number

City, State, Zip

Physician who performed or oversaw the insemination or embryo transfer procedure:

Physician Name

Clinic Name

Address

City, State, Zip

Phone Number

Date of insemination or fresh embryo transfer that resulted in this pregnancy _____

Donor # _____

Please send confirmation letter to:

- ☐ Email: _____
☐ Home Address _____

Offspring Information:

Name (s) _____

Sex: [] Male [] Female

Date of Birth (mm/dd/yyyy) _____

Social Security Number (s) _____

Return form to: Fairfax Cryobank, Inc.
Attn: Identity (ID) Option Program
3015 Williams Dr. Suite 110
Fairfax, VA 22031

Office use only:
Date form received _____
Order/donor verified _____
Physician confirmed _____