

Intended Parent Registration Questionnaire

Donor Services
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Name of Intended Parent(s): _____ Date: _____

Date of Birth: _____ Current Age: _____ Email Address: _____

Address: _____

Work #: _____ Home #: _____ Cell #: _____

Your IVF Physician: _____ Office Phone Number: _____

IVF Office Address: _____

Race: _____ Religion: _____

Heritage of the recipient (ie: Portuguese/French/African):

Height: _____ Weight: _____

Build: ☐Extra Small ☐Small ☐Medium ☐Large ☐Extra Large

Skin Tone: ☐Fair ☐Medium ☐Olive ☐Dark

Freckles? ☐None ☐Few ☐Numerous

Color of Eyes: _____ Corrective Lenses? ☐Yes ☐No

Natural Color of Hair: _____

Hair Texture (Check all that apply):
☐Straight ☐Wavy ☐Curly ☐Thin ☐Thick ☐Fine ☐Coarse ☐Frizzy ☐Kinky

Level of Education: _____

Degrees Attained: _____

Occupation: _____

Would you consider yourself technically or mechanically inclined?

Areas of interest/Talent/Hobbies:

Are you predominantly emotional/artistic or analytical/logical?

If you're seeking a donor similar to you in personality, please describe your personality:

Do you speak more than one language fluently?

How would you rate the answers to these questions?	Most Important	Important	Not Important
How important is the donor's physical appearance?			
Does the hair or eye color of the donor have to be the same as yours?			
Does the donor's height have to be the same as yours?			
Is the donor's religion important to you?			
Is the donor's past grade point average important to you?			
How important is it for your donor to have higher education?			
Is the donor's professional background important to you?			
Is the donor's motivation for egg donation important to you?			
Is the donor's sexual orientation important to you?			
Is the donor's family history important to you?			

If there are attributes that we have not mentioned, that you would like your donor to share, please indicate what they would be:

Comments: