



APPLICATION FOR MEDICALLY-ASSISTED REPRODUCTION

We, the undersigned:

Mrs.:..... **Mr.:**.....
Maiden name:..... Given name.....
Given name..... Date of birth...../...../.....
Date of birth...../...../.....
Mutual address:.....
Postcode.....Town/City:.....

Hereby certify to have made an application, with our mutual consent, on/...../., with Dr....., Gynaecologist, for Medically-Assisted Reproduction (MAR) for our couple.

We hereby certify: that we have been married since/...../.....
Or cohabit as a married couple.

*Documents to be provided: photocopies of identity cards.
Proof of marriage or cohabitation*

We hereby certify to have received a copy of the Information Guide and to have been informed:
- of alternatives to MAR, including adoption,
- of the various MAR techniques used, and their

**consequences. We hereby confirm on today's date our
application for MAR.**

Done aton...../...../.....(at least one month after the first
consultation).

*Signature of both partners in the couple preceded by the handwritten indication
"read and approved"*

Mrs.: Mr.:

(document to be sent to the laboratory during the consultation with the medical biologist)