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**NEW CLIENT INTAKE SHEET - BIRTH ORDERS**

DATE: \_\_\_\_\_ REFERRED BY \_\_\_\_\_

**INTENDED PARENT 1:**

FULL LEGAL NAME (as appears on passport): \_\_\_\_\_

SSN.: \_\_\_\_\_ SEX: \_\_\_\_\_ GENDER: \_\_\_\_\_ PREFERRED PRONOUNS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH (STATE AND COUNTRY): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

COUNTY, STATE & COUNTRY OF CURRENT ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

**INTENDED PARENT 2:**

FULL LEGAL NAME (as appears on passport): \_\_\_\_\_

SSN.: \_\_\_\_\_ SEX: \_\_\_\_\_ GENDER: \_\_\_\_\_ PREFERRED PRONOUNS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH (STATE AND COUNTRY): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

COUNTY, STATE & COUNTRY OF CURRENT ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

ATTORNEY FOR INTENDED PARENT(S): \_\_\_\_\_

Marital Status:

Married  Registered Domestic Partner  Unmarried, Committed Relationship  Unmarried/Single

DATE OF MARRIAGE/REGISTRATION: \_\_\_\_\_

**GESTATIONAL CARRIER:**

GESTATIONAL CARRIER NAME: \_\_\_\_\_

GESTATIONAL CARRIER'S DATE OF BIRTH: \_\_\_\_\_

GESTATIONAL CARRIER HUSBAND/PARTNER NAME: \_\_\_\_\_

GESTATIONAL CARRIER HUSBAND/PARTNER'S DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

ATTORNEY FOR GESTATIONAL CARRIER: \_\_\_\_\_

**AGENCY:**

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

AGENCY TELEPHONE: \_\_\_\_\_

AGENCY CONTACT NAME AND EMAIL: \_\_\_\_\_

**MEDICAL CLINIC:**

MEDICAL CLINIC NAME: \_\_\_\_\_

MEDICAL CLINIC ADDRESS: \_\_\_\_\_

MEDICAL CLINIC TELEPHONE: \_\_\_\_\_

MEDICAL CLINIC CONTACT NAME: \_\_\_\_\_

**DONOR(S):**

OVUM SOURCE:  Intended Parent     Anonymous     Known \_\_\_\_\_

SPERM SOURCE:  Intended Parent     Anonymous     Known \_\_\_\_\_

EMBRYO SOURCE:  Intended Parent     Anonymous     Known \_\_\_\_\_

**PREGNANCY:**

EMBRYO(S) TRANSFER DATE: \_\_\_\_\_  Singleton  Twin  \_\_\_\_\_

DATE OF CONFIRMATION OF PREGNANCY: \_\_\_\_\_

GESTATIONAL CARRIER'S WEEK OF GESTATION: \_\_\_\_\_

EXPECTED DUE DATE: \_\_\_\_\_

EXPECTED HOSPITAL NAME: \_\_\_\_\_

HOSPITAL ADDRESS: \_\_\_\_\_

EXPECTED CITY, COUNTY AND STATE OF BIRTH: \_\_\_\_\_

LEGAL LAST NAME OF CHILD(REN): \_\_\_\_\_

**(If Home Address outside U.S.A.) HAVE YOU CONSULTED WITH A LOCAL ATTORNEY IN YOUR HOME COUNTRY (If you have not yet done so, please do so before completing this form.)** \_\_\_\_\_

**(If applicable) ARE THERE ANY SPECIAL REQUIREMENTS UNIQUE TO YOUR COUNTRY WITH REGARD TO HOW THE BIRTH CERTIFICATE SHOULD BE PREPARED? (I.e., Same sex parents cannot be listed on birth certificate)** \_\_\_\_\_

**DOCUMENTS TO BE PROVIDED/OBTAINED:**

- Duly Executed Gestational Carrier Agreement
- Clearance Letter from Attorney for Intended Parent(s)
- Clearance Letter from Attorney for Gestational Carrier and Partner
- Letter from Medical Clinic stating that Intended Parent(s)'s embryos were transferred to Gestational Carrier and this pregnancy is the result of that transfer

**EMERGENCY CONTACT:**

Name (First, Last)	Relationship	Address	Telephone
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