


**CONTRACT NOT APPROVED BY THE COURT**

**SURROGATE CONSENT**

**AND**

**REPORT FORM**

## § 20-156. Definitions.

As used in this chapter unless the context requires a different meaning:

**"Assisted conception"** means a pregnancy resulting from any intervening medical technology, whether in vivo or in vitro, which completely or partially replaces sexual intercourse as the means of conception. Such intervening medical technology includes, but is not limited to, conventional medical and surgical treatment as well as noncoital reproductive technology such as artificial insemination by donor, cryopreservation of gametes and embryos, in vitro fertilization, uterine embryo lavage, embryo transfer, gamete intrafallopian tube transfer, and low tubal ovum transfer.
**"Compensation"** means payment of any valuable consideration for services in excess of reasonable medical and ancillary costs.
**"Cryopreservation"** means freezing and storing of gametes and embryos for possible future use in assisted conception.
**"Donor"** means an individual, other than a surrogate, who contributes the sperm or egg used in assisted conception.
**"Gamete"** means either a sperm or an ovum.
**"Genetic parent"** means an individual who contributes a gamete resulting in a conception.
**"Gestational mother"** means the woman who gives birth to a child, regardless of her genetic relationship to the child.
**"Embryo"** means the organism resulting from the union of a sperm and an ovum from first cell division until approximately the end of the second month of gestation.
**"Embryo transfer"** means the placing of a viable embryo into the uterus of a gestational mother.
**"Infertile"** means the inability to conceive after one year of unprotected sexual intercourse.
**"Intended parent"** means a married couple or unmarried individual who enters into an agreement with a surrogate under the terms of which such parent will be the parent of any child born to the surrogate through assisted conception regardless of the genetic relationship between the intended parent, the surrogate, and the child.
**"In vitro"** means any process that can be observed in an artificial environment such as a test tube or tissue culture plate.
**"In vitro fertilization"** means the fertilization of ova by sperm in an artificial environment.
**"In vivo"** means any process occurring within the living body.
**"Legal and contractual custody"** means having authority granted by law, contract, or court order to make decisions concerning the use of an embryo.
**"Ovum"** means the female gamete or reproductive cell prior to fertilization.
**"Reasonable medical and ancillary costs"** means the costs of the performance of assisted conception, the costs of prenatal maternal health care, the costs of maternal and child health care for a reasonable post partum period, the reasonable costs for medications and maternity clothes, and any additional and reasonable costs for housing and other living expenses attributable to the pregnancy.
**"Sperm"** means the male gametes or reproductive cells which impregnate the ova.
**"Surrogacy contract"** means an agreement between the intended parent, a surrogate, and her spouse, if any, in which the surrogate agrees to be impregnated through the use of assisted conception, to carry any resulting fetus, and to relinquish to the intended parent the custody of and parental rights to any resulting child.
"**Surrogate**" means any adult woman who agrees to bear a child carried for intended parents.

**Any person who willfully and knowingly provides false information for the preparation or amendment of a birth certificate is guilty of a Class 4 felony (§ 32.1-276).**

**CONTRACT NOT APPROVED BY THE COURT**
**SURROGATE CONSENT AND REPORT FORM**
**Virginia Code §§ 20-164 and 32.1-257(D)**

## Part 1 – Child

Full Name at Birth: _____

Sex: _____ Date of Birth: _____

Place of Birth: _____

## Part 2 - Surrogate/ Gestational Mother

Full Name at Birth: _____ SSN _____

Present Legal Name: _____

Date of Birth: _____ Place of Birth (state or foreign country): _____

Race: _____ Place of Residence: _____
**(Street address, city, state, zip code)**

## Part 3 – Surrogate/Gestational Mother's Spouse

Full Name at Birth: _____ SSN _____

Present Legal Name: _____

Date of Birth: _____ Place of Birth (state or foreign country): _____

Race: _____ Place of Residence: _____
**(Street address, city, state, zip code)**

## Part 4 – *(check only one)* ☐ Intended Parent I ☐ Intended Mother

Full Name at Birth: _____ SSN _____

Present Legal Name: _____

Date of Birth: _____ Place of Birth (state or foreign country): _____

Race: _____ Place of Residence: _____
**(Street address, city, state, zip code)**

## Part 5 – *(check only one)* ☐ Intended Parent II ☐ Intended Father

Full Name at Birth: _____ SSN _____

Present Legal Name: _____

Date of Birth: _____ Place of Birth (state or foreign country): _____

Race: _____ Place of Residence: _____
**(Street address, city, state, zip code)**

# Affidavit of Physician Performing Assisted Conception

I, _____, after first being duly sworn, do hereby state as follow:
**(Name of Physician)**

1. I am a physician licensed to practice medicine in the Commonwealth/State of _____.
**(State)**

2. My medical practice is in _____.
**(Medical Specialty)**

3. My office is located at _____.
**(Address of Facility)**

4. I am the physician who performed the assisted conception involving:

**(Names of gestational mother and intended parent(s); if applicable, name of gestational mother's spouse)**

5. I have attached a chronology of the procedures, which were performed by me or under my direction at the _____.
**(Name of the Facility)**

6. The genetic relationships of child, Gestational Mother, Gestational Mother's spouse, Intended Parent I/ Intended Mother, and Intended Parent II/Intended Father are:

**(Relationship between child and the gestational mother, gestational mother's spouse (if applicable), and each Intended Parent)**

At least one intended parent is a genetic parent of the child as demonstrated by documentation attached to this Affidavit or to Affidavit of Gestational Mother and her spouse. My conclusion is consistent with medical practice standards of care as defined in VA. Code §8.01-581.20.

_____
**Signature of Physician**

Dated _____

State of _____

City/County of _____

Subscribed and sworn to before me on this ____day of _____, _____

Notary Public Signature: _____

My commission expires: _____

# SURROGATE/GESTATIONAL MOTHER CONSENT TO CHANGE OF NAME AND TO TERMINATION OF PARENTAL RIGHTS

**At least one Intended Parent is demonstrably a genetic parent or has legal/contractual custody of the embryo**

I, _____, gave birth to a
**(Gestational Mother)**

_____child on _____, in _____Hospital,
**(Male/Female)** **(Date of Birth)** **(Name of Hospital)**

_____, Virginia, who is identified on the birth certificate as
**(City/ County)**

_____.
**(Name of Child)**

The child, who is also known as _____,
**(Name of Child)**

is demonstrably the genetic child of the intended parents having been conceived by intervening medical technology resulting in assisted conception (*in vivo, in vitro, or in vitro fertilization)* based on the boxes checked below:

- ☐ Egg of an intended mother
- ☐ Sperm of an intended father
- ☐ Egg of gestational mother
- ☐ Sperm of the gestational mother's spouse
- ☐ Donor egg
- ☐ Donor sperm

The resulting embryo was implanted into my uterus. I carried and gave birth to the child for

_____and _____
**(Intended Parent I/ Intended Mother)** **(Intended Parent II/Intended Father)**

pursuant to a Surrogacy Agreement, a copy which is attached to this affidavit.

I hereby affirm that either I or my spouse_____
**(Gestational Mother's Spouse)**

☐are ☐ are not genetically related to this child as his genetic parent, but that at least one of the intended parents is so related. That fact is affirmed by ☐ the result of the DNA testing performed by

_____located at _____ OR
**(Name of DNA Facility)** **(Address of DNA Facility)**

☐ the physician's affidavit as required by § 20-162 of the Code of Virginia. A copy of that testing is attached to this affidavit.

I _____, the Gestational
**(Gestational Mother)**

Mother of _____, after having been
**(Name of Child)**

fully informed as to the legal effects and implications of so doing, freely, voluntarily and in the best interests of the child, do hereby consent to the termination of any parental rights and obligations I may have with respect to the child, _____,
**(Name of Child)**

and I do further consent to the amendment of the birth certificate to reflect the child's intended parentage consistent with Va. Code §20-158 requiring that at least one intended parent is demonstrably a genetic parent.

I further consent to and fully support the finding that _____
**(Intended Parent I/Intended Mother)**

and _____are the mother and father/parents of
**(Intended Parent II/Intended Father)**

_____, and that the child is theirs in all
**(Name of Child)**

respects as if _____was their child by birth.
**(Name of Child)**

_____
**(Signature of Gestational Mother)**

Dated _____

State of _____

City/County of _____

Subscribed and sworn before me on this ___day of _____,_____

Notary Public Signature: _____

My Commission Ends: _____

# GESTATIONAL MOTHER'S SPOUSE CONSENT TO CHANGE OF NAME AND TO TERMINATION OF PARENTAL RIGHTS

**At least one Intended Parent is demonstrably a genetic parent or has legal/contractual custody of the embryo**

I, _____, am the spouse of
**(Gestational Mother's Spouse)**

_____, who gave birth to a _____
**(Gestational Mother)** **(Male/Female)**

child on _____, in _____Hospital,
**(Date of Birth)** **(Name of Hospital)**

_____, Virginia, who is identified on the birth certificate
**(City/County)**

as _____.
**(Name of Child)**

The child who is also known as _____,
**(Name of Child)**

is demonstrably the genetic child of the intended parents having been conceived by intervening medical technology resulting in assisted conception (*in vivo, in vitro, or in vitro fertilization*) based on the boxes checked below:

- ☐ Egg of an intended mother
- ☐ Sperm of an intended father
- ☐ Egg of the gestational mother
- ☐ Sperm of the gestational mother's spouse
- ☐ Donor egg
- ☐ Donor sperm

The resulting embryo was implanted into the uterus of _____.
**(Gestational Mother)**

_____carried and gave birth
**(Gestational Mother)**

to the child for _____
**(Intended Parent I/ Intended Mother)**

and _____
**(Intended Parent II/Intended Father)**

pursuant to a Surrogacy Agreement, a copy which is attached to this affidavit.

I hereby affirm that either I or my spouse _____
**(Gestational Mother)**

☐ are ☐are not genetically related to this child as his genetic parent, but that at least one of the intended parents is so related. That fact is affirmed by ☐ the result of the DNA testing performed by _____.
**(Name of the Facility)**

_____ OR ☐ the physician's affidavit as required by
**(Address of the Facility)**

§ 20-162 of the Code of Virginia. A copy of which is attached to this affidavit.

I _____, the
**(Gestational Mother's Spouse)**

spouse of the Gestational Mother of _____
**(Name of Child)**

after having been fully informed as to the legal effects and implications of so doing, freely, voluntarily and in the best interests of the child, do hereby consent to the termination of any parental rights and obligations I may have with respect to the child, _____,
**(Name of Child)**

and I do further consent to the amendment of the birth certificate to reflect the child's intended parentage, consistent with Va. Code §20-158 requiring that at least one intended parent is demonstrably a genetic parent.

I further consent to and fully support the finding that _____
**(Intended Parent I/Intended Mother)**

and _____ are the parents of _____,
**(Intended Parent II/Intended Father)** **(Name of Child)**

and that the child is theirs in all respects as if _____ was their child by birth.
**(Name of Child)**

_____
**(Signature of Gestational Mother's Spouse)**

Dated _____

State of _____

City/County of _____

Sworn and subscribed before me this ____day of _____, _____

Notary Public Signature: _____

My commission Expires: _____

# AMENDING BIRTH CERTIFICATE

**Intended Parents, Gestational Mother and Gestational Mother's Spouse**

Pursuant to Va. Code§20-156 et seq of the Code of Virginia, annotated, 1950, as amended, Gestational Mother and her spouse and Intended Parent I/Intended Mother and Intended Parent II/Intended Father jointly request amendment and re-issuance of child _____
**(Child's First, Middle, and Last Name on New Birth Certificate)**

birth certificate to show _____ and _____
**(Intended Parent I/Intended Mother)** **(Intended Parent II/Intended Father)**

as the lawful parents of _____ for all purposes, based upon the
**(Child's First, Middle, and Last Name on New Birth Certificate)**

fully disclosed and attested information set out in this Consent Form. The amended birth certificate shall include the following:

First Name of Child: _____

Middle Name of Child: _____

Last Name of Child: _____

Intended Parent I/Mother's Full Name: _____

Intended Parent I/Mother's Full Name at Birth: _____

Intended Parent I/Mother's Place of Birth: _____

Intended Parent I/Mother's Date of Birth: _____

Intended Parent I/Mother's Race: _____

Intended Parent II/Father's Full Name: _____

Intended Parent II/Father's Full Name at Birth: _____

Intended Parent II/Father's Place of Birth: _____

Intended Parent II/Father's Date of Birth: _____

Intended Parent II/Father's Race: _____

Surrogate/Gestational Mother and her spouse shall be divested of all parental rights and responsibilities in and to Child _____ by this request and consent.
**(Child's First, Middle, and Last Name on New Birth Certificate)**

# AMENDING BIRTH CERTIFICATE

By the attested signatures of all parties to this consent and request for amendment, each and every party agree that such consent and amendment is solely in and for the best interest of

_____

**(Child's First, Middle, and Last Name on New Birth Certificate)**

and no party to the consent and request for amendment shall initiate at any time a cause of action against the State Registrar of Vital Records, the State Health Commissioner, any office, agent, or employee of the state, or the Commonwealth of Virginia for compliance with this request for amendment.

Signature of Intended Parent I/Intended Mother _____

Address of Intended Parent I/Intended Mother _____

Dated _____

State of _____

City/County of _____

Sworn and subscribed before me this ____day of _____, ____

Notary Public Signature: _____

My Commission Ends: _____

Signature of Intended Parent II/Intended Father _____

Address of Intended Parent II/Intended Father _____

Dated _____

State of _____

City/County of _____

Sworn and subscribed before me this ____day of _____, ____

Notary Public Signature: _____

My Commission Ends: _____

Signature of Gestational Mother _____

Address of Gestational Mother _____

Dated _____ Sworn and subscribed before me this____day of _____, _____

State of _____ Notary Public Signature: _____

City/County of _____ My Commission Expires: _____

Signature of Gestational Mother's Spouse _____

Address of Gestational Mother's Spouse _____

Dated _____ Sworn and subscribed before me this ___day of _____, _____

State of _____ Notary Public Signature: _____

City/County of _____ My Commission Expires: _____