

Withdrawing your consent to legal parenthood

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK's independent regulator of fertility treatment and human embryo research. For more information about the HFEA, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you wish to **withdraw your consent** to:

- ▶ being the legal parent of any child born as a result of your partner's treatment – you can only do this if donor sperm or embryos (created outside the body with donor sperm) are being used in your partner's treatment and you are not married to or in a civil partnership with them, or
- ▶ your partner being the legal parent of any child born as a result of your treatment – you can only do this if donor sperm or embryos (created outside the body with donor sperm) are being used in your treatment and you are not married to, or in a civil partnership with, your partner.

If you have a **surrogacy arrangement**, fill in this form if you wish to **withdraw your consent** to:

- ▶ being the nominated legal parent of any child born as a result of surrogacy treatment, or
- ▶ the intended parent commissioning the surrogacy being the nominated legal parent of any child born as a result of your treatment.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you in your presence and at your direction

What do I need to know before filling in this form?

Before you fill in this form, you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- ▶ Information about:
 - the different options set out in this form
 - the implications of withdrawing your consent, and
 - when you can withdraw consent.
- ▶ And a suitable opportunity to have proper counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. **If you do not receive this information before filling in this form, your consent may be invalid.**

Why do I have to fill in this form?

If you want to withdraw your consent to anything you previously consented to, by law (the Human Fertilisation and Embryology Act 1990 (as amended)), you need to do this in writing.

When can I withdraw my consent?

Consent to parenthood can be varied and withdrawn with this form up to the point of embryo transfer or insemination.

If you have already had an embryo transfer or insemination, you cannot withdraw your consent to you or your partner being the legal parent of any resulting child. You also cannot withdraw your consent to you or your partner being the legal parent of any child that has already been born.

If you have a surrogacy arrangement:

If you are a **surrogate** you cannot withdraw your consent to being the legal parent of any child born as a result of the surrogacy treatment. You will be the legal mother when the child is born.

You also cannot withdraw your consent to the biological father being the legal parent of any child born as a result of the surrogacy treatment (since in common law he will automatically be the legal parent if you are not married or in a civil partnership and no-one else has been nominated as a parent).

If you are the biological father commissioning the surrogacy arrangement, you cannot withdraw your consent to being the legal parent of the resulting child, unless someone else (such as your partner) has been nominated as the other legal parent.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the information provided and the consent that you are giving. When you have completed the form, you may request a copy of it from your clinic.

For clinic use only (optional)

HFEA centre reference

Patient number

1 About you

1.1 **Your first name(s)** Place sticker here

1.2 **Your surname**

1.3 **Your date of birth** 1.4 **Your NHS/CHI/HCN/passport number** (please select)

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2 About your partner, the intended parent or the surrogate

2.1 **Partner/intended parent/surrogate** (please select) Place sticker here

2.2 **First name(s)**

2.3 **Surname**

2.4 **Date of birth** 2.5 **NHS/CHI/HCN/passport number** (please select)

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Page declaration

Your signature <input type="text"/>	Date <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y
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3 Why are you completing this form?

Please select the statement which applies:

I am the patient's partner

A I am withdrawing my consent to being the legal parent of any child born from the treatment of my partner (named at section 2). Sign the page declarations on this page and the next page then complete **section 4**.

I am the patient

B I am withdrawing my consent to my partner (named at section 2) being the legal parent of any child born from my treatment. Sign the page declarations on this page and the next page then complete **section 5**.

I am the surrogate

C I am a surrogate and I am withdrawing my consent to the nominated intended parent commissioning the surrogacy arrangement (named at section 2) being the legal parent of any child born as a result of my treatment. Sign the page declarations on this page and the next page then complete **section 7**.

D I am a surrogate and I am withdrawing my consent to my partner (named at section 2) being the legal parent of any child born as a result of my treatment. Sign the page declarations on this page and the next page then complete **section 7**.

I am the intended parent

E I am commissioning a surrogacy arrangement and I am withdrawing my consent to being the nominated legal parent of any child born from the surrogacy treatment. Sign the page declaration below then complete **section 6**.

I am the partner of the surrogate (named at section 2)

F I am the surrogate's partner and I am withdrawing my consent to being the legal parent of any child born from the surrogacy treatment. Sign the page declaration below then complete **section 6**.

4 Withdrawing consent to being the legal parent

You can only complete this section if:

- ▶ you are the partner of someone receiving treatment,
- ▶ donor sperm or embryos (created outside the body with donor sperm) are being used in your partner's treatment, and
- ▶ you are not married or in a civil partnership.

4.1 Withdrawing your consent

Please note that your partner will be informed of your withdrawal of consent.

If your partner has already had an embryo transfer or insemination, you cannot withdraw your consent to being the legal parent of any resulting child. You also cannot withdraw your consent to being the legal parent of any child that has already been born.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

I withdraw my consent to being the legal parent of any child born from the treatment of my partner (named in section two).

4.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

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Page declaration

Your signature

Date

D	D	M	M	Y	Y
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For clinic use only (optional)

Patient number

5 Withdrawing consent to your partner being the legal parent

You can only complete this section if:

- ▶ you are receiving treatment,
- ▶ you are not married to, or in a civil partnership with, your partner, and
- ▶ donor sperm or embryos created outside the body with donor sperm are being used in your treatment.

5.1 Withdrawing your consent

Please note that your partner will be informed of your withdrawal of consent.

If you have already had an embryo transfer or insemination, you cannot withdraw your consent to your partner being the legal parent of any resulting child. You also cannot withdraw your consent to your partner being the legal parent of any child that has already been born.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

I withdraw my consent to my partner (named in section 2) being the legal parent of any child born from my treatment.

5.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

D	D	M	M	Y	Y
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6 Withdrawing consent to being the legal parent (surrogacy)

You can only complete this section if:

- ▶ you are the surrogate's partner (where you are not married or in a civil partnership and are not the biological father), or
- ▶ you are commissioning a surrogacy arrangement and you are the intended father (where you are not the biological father, unless someone else has been nominated), or
- ▶ you are commissioning a surrogacy arrangement and you are the intended female parent.

6.1 Withdrawing your consent

Please note that the surrogate will be informed of your withdrawal.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

I withdraw my consent to being the legal parent of any child born from the treatment of the surrogate (named in section 2).

6.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

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Page declaration

Your signature

Date

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For clinic use only (optional)

Patient number

Withdrawing consent to your partner, or the nominated intended parent, being the legal parent (surrogacy)

Only complete this section if you are a surrogate withdrawing consent to:

- ▶ your partner being the legal parent (if you are not married or in a civil partnership and you are using sperm or embryos created from a donor or a man other than your partner), or
- ▶ the intended father being the legal parent (where he is not the biological father, unless someone else has been nominated), or
- ▶ the intended female parent being the legal parent.

7.1 Withdrawing your consent

Please note that your partner or the nominated intended parent commissioning the surrogacy arrangement will be informed of your withdrawal.

Please tick the box next to the statement below to confirm the withdrawal of your consent.

I withdraw my consent to my partner or the nominated intended parent commissioning the surrogacy arrangement (named in section 2) being the legal parent of any child born from my treatment.

7.2 Declaring your withdrawal

Sign and date your withdrawal.

Your signature

Date

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Page declaration

Your signature

Date

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For clinic use only (optional)

Patient number

Please sign and date the declaration

Your declaration

- ▶ I declare that I am the person named in section one of this form.
- ▶ I declare that:
 - before I completed this form, I was given information about the different options set out in this form.
 - the implications of withdrawing consent have been fully explained to me.
 - I understand that I can make changes to, or withdraw, my consent at any point until the time of egg, sperm, or embryo transfer or until the eggs, sperm or embryos have been disposed of.
- ▶ I understand that I must notify my clinic if my contact details or personal circumstances change. I understand it is my responsibility to keep contact details up to date.
- ▶ I declare that the information I have given on this form is correct and complete.
- ▶ I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, donation or storage, or a data controller in line with the Data Protection Act 2018 and UK General Data Protection Regulation) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990, (as amended)), or for record storage and archiving purposes.

Your signature

Date

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If signing at the direction of the person withdrawing consent

If you have completed this form at the direction of the person consenting (because they are unable to sign for themselves due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative's declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with their direction.

Representative's name

Representative's signature

Relationship to the person consenting

Date

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Witness's name

Witness's signature

Date

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