

Application by donor-conceived person or guardian to access information held on the Human Assisted Reproductive Technology Register



Internal Affairs
Te Tari Taiwhenua

BDM404

Use this form if you:

- were born as a result of an assisted reproductive procedure performed through a fertility service provider, using sperm, eggs or embryos, and
- want to access information about yourself or your donor held on the Human Assisted Reproductive Technology (HART) Register.

Before you apply

Who can use this application form

You can fill out and submit this application form if you are:

- a donor-conceived person who is aged 18 or older
- a donor-conceived person aged 16 or 17 who has the approval of the Family Court and has attached a copy of the order from the Family Court, or
- a guardian of a donor-conceived person, if the donor-conceived person is under 18 years of age and does not have the approval of the Family Court to complete the form.

What you need to provide

You will need to provide a:

- certified true copy of your photo identity document
- The BDM130 General identity declaration form on pages 5 to 6 of this form
- The completed payment details on page 7 of this form
- [BDM405 Authorisation for disclosure of information to agent](#) form, if the information is being sent to an agent, such as a lawyer, acting on your behalf
- copy of the order from the Family Court, if you are aged 16 or 17.

Your photo identity document can be your driver licence or the photo page from your passport.

A certified true copy is a photocopy that has been stamped or endorsed by an authorised person. This confirms that the copy is a true copy of the original document.

An authorised person must be:

- a Justice of the Peace (JP)
- a solicitor or notary public (you may have to pay for their services), or
- a Registrar or Deputy Registrar of the District Court or the High Court, or authorised staff in some government agencies.

Requested information

If the requested information is available on the HART Register, you will receive a printout of the information you request on page 4 of this form.

The printout will be typed from the registration. A printout is not a legal document.

Services a counsellor can offer

We recommend that you consult with a counsellor of your choice before submitting this form.

A counsellor can:

- help you to consider the implications of providing and accessing information
- support you if you contact your donor or a donor-conceived person related to the same donor, if a link is established
- answer questions about how others have approached the issue, and what seems to work best.

Counselling may be able to be arranged through your fertility service provider, or with an independent counsellor.

Contact details

Website: govt.nz/bdm/contactus

Email: bdm.nz@dia.govt.nz

Only use email for queries about the form. To return the form, follow the postage instructions on page 7. Do not email the completed form to us.

Application by donor-conceived person or guardian to access information held on the Human Assisted Reproductive Technology Register



Internal Affairs
Te Tari Taiwhenua

BDM404

1. Person making application

This request is being made by (tick one):

- A donor-conceived person aged 18 years or older
- A donor-conceived person aged 16 or 17 years, authorised by Family Court (attach Family Court order)
- A donor-conceived person aged under 18 years, for information that does not identify donor
- A guardian of a donor-conceived person aged under 18 years
- An agent (for example, a lawyer) acting on behalf of a donor-conceived person or their guardian, (attach completed BDM405 Authorisation for disclosure of information to agent form)

2. Your details

Current first name(s) of donor-conceived person

Current surname of donor-conceived person

Donor-conceived person's date of birth

First name(s) of guardian (if guardian is completing the application for donor-conceived child)

Surname name of guardian (if guardian is completing the application for donor-conceived child)

Fertility service provider (and branch)

Fertility service provider identifier (if known)

3. Delivery address you would like any information sent to

Street number and name

Suburb

Town or city

Country

Postcode

Contact phone number

Email address

4. Information requested

If your birthdate or the donor's donation was before 22 August 2005, there may be no information recorded in the HART register because registrations were not mandatory. Restrictions on disclosure of some types of information may apply.

A printout containing all or any of the following:

\$40.80

- Information relating to the donor-conceived person who is the subject of the application
- Information relating to the donor(s) of the donor-conceived person
- Information relating to other donor-conceived people related to the same donor

A printout containing the following information:

\$15.30

(no fee if you have requested with one of the above products)

- Whether a donor has asked for information about the donor-conceived person
- Whether information is held about the donor(s) of the donor-conceived person
- Whether the donor-conceived person shares a donor with other donor-conceived people

Complete the payment section on the last page of this form.

General identity declaration



BDM130

Instructions:

- Section 1 must be fully completed by you (the applicant).
- Section 2 must be completed by your referee.

Section 1: Applicant details and declaration

The person making this application must complete this section.

Your name will be entered in the access register. For information about the access register visit: www.govt.nz/access-register.

1. Your name

1a. Your current name

First and middle names

Surname or family name

1b. Your name at birth (if different from above)

First and middle names at birth

Surname or family name at birth

2. Your date and place of birth

Town or city of birth

Country of birth (if not New Zealand)

Date of birth (dd/mm/yyyy)

3. Your contact details

Phone number

Email address

4. Declaration

I declare that the information about me that is entered on this form is true and correct.

Signature

Date signed (dd/mm/yyyy)

Section 2: Referee declaration

Must be completed by a person (other than the applicant) who is 16 years of age or older.

5. Referee's declaration (another person 16 years of age or older must complete)

I am 16 years of age or older and have known the applicant for at least 6 months, or have seen a government issued photo identification of the applicant, and I am satisfied the information about the applicant's identity stated in this form is true and correct.

Referee's signature

Date signed (dd/mm/yyyy)

Referee's full name

Referee's phone number

Referee's contact address

Privacy statement

The information on this form is collected under the Births, Deaths, Marriages, and Relationships Registration Act 2021. As part of processing your request, your identification details will be checked against other records held by the Department of Internal Affairs or other government agencies, as authorised by law.

The information collected in your application may be used in statistical analysis and reporting for service improvement and business management purposes. Personal information will only be used where necessary for those purposes.

Data is stored, accessed and retained in accordance with our Privacy Policy, Information Management Policy, and the DIA Code of Conduct which incorporates our ICT and security policies, and in compliance with the Privacy Act 2020 and the Public Records Act 2005.

Warning

It is an offence, punishable by imprisonment and/or a fine of up to \$10,000, to make a false statement to obtain a certificate, printout or a source document, or to provide any means of identification knowing that it is false or is suspected to be forged or falsified.

It is an offence to make any statement that is false for the purpose of recording information under the Births, Deaths, Marriages, and Relationships Registration Act 2021.

Payment

Do not post cash or card. Do not email credit card details.

Charge my credit or debit card (Visa, MasterCard, American Express, Prezzy Card):

Card number

Card expiry date

 /

Name on card

Cardholder signature

Next Steps

Print and sign the form.

Post the form, appropriate fee(s), and documents to us.

Postal address

HART Team

Births, Deaths and Marriages

PO Box 1052

Wellington 6140