

Attachment 1

Children of Assisted Reproduction Kinship Query Application Form (for the purpose of marriage)

The applicant _____, according to Article 29 of Artificial Reproduction Act and Article 4 of Regulations for Query on Kinship of Children of Assisted Reproduction, queries whether the child conceived through assisted reproduction _____ (date of birth: MM/DD/YY; national ID card No. _____) and the marriage partner satisfies any of the conditions set forth in Article 29, Paragraph 1, Subparagraph 1 of the Artificial Reproduction Act.

To : the Health Promotion Administration of Ministry of Health and Welfare

Date : _____

Identification of the applicant (please check the appropriate box)

Child conceived through assisted reproduction

The statutory agent for the child conceived through assisted reproduction

Name of the applicant: _____ (signature)

National ID card No. :

Foreigner's Uniform ID No. :

Foreigner's Passport No. :

Date of Birth: : _____

Contact No. : () _____ Cellphone No. : _____

Registered Address (for foreigners, please fill in your current residential address in Taiwan) :

_____ (county/city) _____ (city/town/township/district)

_____ (village) _____ (neighborhood) _____ (road/street) ____ (section)

_____ (lane) _____ (alley) ____ (No.) ____ (floor)

Father of the child conceived through assisted reproduction	Mother of the child conceived through assisted reproduction
<p>Name: _____ (signature)</p> <p>National ID card No.: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Foreigner's Uniform ID No.: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Foreigner's passport No.: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Date of birth : _____</p>	<p>Name: _____ (signature)</p> <p>National ID card No.: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Foreigner's Uniform ID No.: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Foreigner's passport No.: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Date of birth : _____</p>
<p>Info of the intended marriage partner</p>	
<p>Name: _____ (signature)</p> <p>National ID card No.:<input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Foreigner's Uniform ID No. : <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Foreigner's passport No. : <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Date of birth : _____</p>	