

Attachment 2

Children of Assisted Reproduction Kinship Query Application Form (for
the purpose of being adopted or adoption)

The applicant _____, according to Article 29 of Artificial Reproduction Act, queries whether the child conceived through assisted reproduction _____ (date of birth: DD/MM/YY; national ID card No. _____) and the adoptive parent the adoptee (please check the appropriate box) satisfy any of the conditions set forth in Article 29, Paragraph 1, Subparagraph 2 of the Artificial Reproduction Act.

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

Date: _____

Identification of the applicant (please tick)

Child conceived through assisted reproduction

The statutory agent of 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)

