



identity of the man whose sperm was used to inseminate the woman, nor his characteristics, or any other details related to him or his family.

We hereby give our consent to perform the treatment.

We know and agree that the treatment will be performed by any designated person, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the institution's standard degree of responsibility and in accordance with the law.

We hereby waive, on behalf of ourselves, on behalf of our heirs, estate and legal representatives and on behalf of any person acting in our name, any claim or demand of any kind with regards to, or derived from the tests and treatments performed for the artificial insemination, from the insemination itself, from the selection of the sperm and donor or his personal, genetic, spiritual and physical characteristics, his country of origin or ethnicity, and concerning the child(ren) born, if born, his/her/their sex, external appearance, nature, characteristics or health condition.

We agree and declare that the child(ren) born of the insemination will carry our name and be considered our son(s)/daughter(s) for all purposes, including alimony and inheritance.

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Date	Wife's Signature	Husband's Signature
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I hereby confirm that I have given the couple a detailed oral explanation of all the above-mentioned facts and considerations as required and that they have signed the consent form in my presence after I was convinced that they fully understood my explanations.

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Name of Physician	Physician Signature	License No.
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