OREGON HEALTH DIVISION
Department of Human Resources

CONSENT TO ARTIFICIAL INSEMINATION

We, _____ (husband) and _____ (wife), request and consent to artificial insemination of said wife using semen of a donor who is not said husband. We authorize Dr. _____ (performing physician) or such person or persons under his or her supervision as he or she may designate to perform the artificial insemination.

We understand that several inseminations may be necessary in attempting conception and birth of a child to us. We express our intent that this consent extend to all such repeated inseminations.

We, and each of us, acknowledge that our relationship, rights and obligations to any child born as a result of artificial insemination herein consented to shall be the same to all legal intents and purposes as if the child had been naturally and legitimately conceived by us as husband and wife.

We understand that if a child is born who may have been the result of the artificial insemination consented to herein, the performing physician is required by law to file a copy of this request and consent with the State Registrar of Vital Statistics, together with the information called for below. Such record will be sealed and opened only upon an order of a court of competent jurisdiction. We further understand that if said doctor does not deliver the child, it is our duty to inform him or her of the child's birth so that the required filing will be made. We are aware that our failure to so inform the performing physician is punishable as a Class C misdemeanor.

Wife: _____ Address: _____
(Signature)

_____ _____
(Print or Type Name)

Husband: _____
(Signature)

_____ Date: _____
(Print or Type Name)

(see page 2 for Physician's Report)

PHYSICIAN'S REPORT

On _____, a child/children was born to _____. On the following dates, heterologous or combination, artificial insemination was performed in accordance with the above consent: _____

_____

_____(List dates of insemination within one year prior to child/children's birth)

The said child/children may therefore have been conceived by such artificial insemination and this copy of consent and report are filed in accordance with Oregon law.

Performing or Supervising
Physician Named Above: _____
(Signature)

_____
(Print or Type Name)

Address: _____

Date: _____

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THIS FORM IS TO BE COMPLETED AND FILED AS PROVIDED BY OREGON LAWS 1977, CHAPTER 677.365.

INSTRUCTIONS:

THE FORM SHALL BE PREPARED AND SIGNED IN DUPLICATE. ONE COPY IS TO BE RETAINED BY THE PERFORMING PHYSICIAN. ONE COPY IS TO BE FILED WITH THE CENTER FOR HEATH STATISTICS FOLLOWING THE BIRTH OF THE CHILD WHO MAY HAVE BEEN CONCEIVED AS A RESULT OF ARTIFICIAL INSEMINATION.

SEND THE FORM TO:
CENTER FOR HEALTH STATISTICS
OREGON HEALTH DIVISION
P.O. BOX 14050
PORTLAND, OREGON 97214-0050

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