

Attachment 2

Affidavit

To Whom It May Concern:

(Husband) _____ and (Wife) _____ intend to receive donated
☐sperm ☐oocyte (please check) to undergo in accordance with the provisions of the
Assisted Reproduction Act. For the sake of (please specify the reasons, such as either
one is a foreigner) :

, it is really difficult for us to obtain a complete kinsfolk relation record certificate of
the ☐husband ☐wife (please select the person who is a foreigner, etc.). However, we
are willing to obtain and list the kinship information as defined in Article 15,
Paragraph 1 of the Act as much as possible for the reference of kinship verification
between the sperm/oocyte donor and us. (note: Those who receive donated sperm
for assisted reproduction shall list the lineal blood relatives and the collateral relatives
by blood within the fourth degree of relationship of the wife, as well as lineal relatives
by blood and by marriage of the husband; those who receive donated oocyte for
assisted reproduction shall list the lineal blood relatives and the collateral relatives by
blood within the fourth degree of relationship of the husband, as well as lineal
relatives by blood and by marriage of the wife.)

Regards, Taiwan Health Promotion administration of Ministry of Health and Welfare

Husband
Name : _____ (Signature) National ID card No. : <input type="text"/> Foreigner's ID No.: <input type="text"/> Foreigner's Passport No.: <input type="text"/> Date of Birth : ____YY____MM____DD
Wife
Name : _____ (Signature) National ID card No. : <input type="text"/> Foreigner's ID No.: <input type="text"/> Foreigner's Passport No.: <input type="text"/> Birthday : ____YY____MM____DD

Date: ____YY ____MM ____DD