

## Attachment 2

### **Application Form for the Kinship Information of Concern to the AR Person (for Intending Adoption or Adoptee)**

The applicant \_\_\_\_\_, is inquiring whether the intending ☐ adoptive parent  
☐ adoptee (please check the appropriate box) of AR person \_\_\_\_\_ (date of  
birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YY; national ID card No. \_\_\_\_\_) has  
any one of the conditions set forth in Article 29, Paragraph 1, Subparagraph 2 of the  
Act in accordance with Article 29 of Assisted Reproduction Act and Article 4 of  
Regulations for Inquiring Kinship Information of Concern to the Children Born  
Through Assisted Reproduction.

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

Date: \_\_\_\_\_

Identity of the applicant (please check the appropriate box)

☐ AR person

☐ Legal representative of the AR person

Name of the applicant : \_\_\_\_\_ (signature)

National ID card No. :

Foreigner's ID No. :

Foreigner's Passport No. :

Date of Birth : \_\_\_\_\_

Contact No. : (    ) \_\_\_\_\_ Cellular phone 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)

Parents of the AR Person	
Father	Mother
Name: _____ (signature) 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"/> Foreigner's 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"/> 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"/> Date of birth: _____	Name: _____ (signature) 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"/> Foreigner's 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"/> 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"/> Date of birth: _____
Information of Adopters (for AR person as intending adoptee)	
Paternal Adopter	Maternal Adopter
Name: _____ (signature) 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"/> Foreigner's 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"/> 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"/> Date of birth: _____	Name: _____ (signature) 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"/> Foreigner's 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"/> 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"/> Date of birth: _____
Information of the Adoptee (for AR person as intending adopter)	
Name: _____ (signature) 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"/> Foreigner's 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"/> 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"/> Date of birth: _____	