

Attachment 1

**Application Form for the Kinship Information of Concern to the AR Person (for Intending Marriage)**

The applicant \_\_\_\_\_, is inquiring whether the intending marriage partner 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 1 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)

Father of the AR person	Mother of the AR person
<p>Name: _____ (signature)</p> <p>National ID card No.:  <input type="text"/><input type="text"/></p> <p>Foreigner's ID No.:  <input type="text"/><input type="text"/></p> <p>Foreigner's passport No.:  <input type="text"/><input type="text"/></p> <p>Date of birth : _____</p>	<p>Name: _____ (signature)</p> <p>National ID card No.:  <input type="text"/><input type="text"/></p> <p>Foreigner's ID No.:  <input type="text"/><input type="text"/></p> <p>Foreigner's passport No.:  <input type="text"/><input type="text"/></p> <p>Date of birth : _____</p>
Intending marriage partner	
<p>Name: _____ (signature)</p> <p>National ID card No.:<input type="text"/><input type="text"/></p> <p>Foreigner's ID No. : <input type="text"/><input type="text"/></p> <p>Foreigner's passport No. : <input type="text"/><input type="text"/></p> <p>Date of birth : _____</p>	