

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
Name: _____ (signature)	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"/>	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 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"/>	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 : _____	Date of birth : _____
Intending marriage partner	
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 : _____	