

Consent of the Third Person – Register of Origin Information in Procreation Involving a Third Person

This form is for you if you are a reproductive material donor (sperm or eggs) or a surrogate mother and you wish to give, withdraw or withhold your consent to the disclosure of your name, if applicable, and information making it possible for you to be contacted by persons born of a procreation project involving you or, if deceased, by their first-degree descendants.

If you consent to the disclosure of your information, your consent will be entered in your file. You can change your decision at any time. Simply transmit a new form in which you indicate that you are withdrawing your consent. If you do not consent to the disclosure of your information, a refusal will be entered in your file and only information that can be disclosed without consent will be transmitted to persons born of a procreation project or, if deceased, to their first-degree descendants. You can change your decision at any time. Simply transmit a new form in which you indicate that you give your consent.

The situations covered by this form are presented in Section 5.

SECTION 1 – Information regarding the person who gives, withdraws or withholds their consent

Last name		Usual first name		Year of birth
Address and contact information	Number	Street		Apartment
	City, town or municipality		Province	Postal code
	Country	Telephone	Email address	

Number associated with the recording of information in the register (if known)

	This number is indicated in the letter sent at the time of recording the information in the register of origin information in procreation involving a third person or in the communication sent at the time of receipt of a first request for information or documents.
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SECTION 2 – Consent (give, withdraw or withhold consent)

(Please complete the part that applies to your situation.)

Situation 1 – I donated sperm or eggs in Québec, in one or more assisted-reproduction centres (ARCs) or in one or more health facilities, on or before JUNE 5, 2025.

Please enter the information requested for all of the ARCs or facilities where you made at least one donation. If you do not have enough space because you made a donation in more than two ARCs or health facilities, please use another sheet and attach it to this form.

Name of the ARC or health facility	Identifier as the donor
Address or, failing that, city	
Name of the ARC or health facility	Identifier as the donor
Address or, failing that, city	

This information will be used to update the information related to your consent for all of the parental projects for which one of your donations was used.

Giving consent

As your donation(s) were made on or before June 5, 2025, your name and contact information remain confidential. However, you can consent to the disclosure of your name only or your name and your contact information.

- I consent to the disclosure of my name to persons conceived using my reproductive material or, if deceased, to their first-degree descendants.
- I consent to the disclosure of my name and my contact information (address, telephone number, email address) to persons conceived using my reproductive material or, if deceased, to their first-degree descendants.
- I wish to add conditions to the disclosure of my personal contact information (e.g., only email correspondence is authorized). The conditions are as follows:



Withdrawing consent (regarding contact and disclosure of identity information)

- I wish to withdraw my consent to the disclosure of my name to persons conceived using my reproductive material or, if deceased, to their first-degree descendants.
- I wish to withdraw my consent to the disclosure of my name and contact information (address, telephone number, email address) to persons conceived using my reproductive material or, if deceased, to their first-degree descendants.
- I understand that my name and my contact information may have been disclosed to persons conceived using my reproductive material or, if deceased, to their first-degree descendants between the time I gave my consent to its disclosure and the present withdrawal of my consent.

Situation 2 – I donated sperm or eggs in Québec, in one or more assisted-reproduction centres (ARCs) or in one or more health facilities, on or after JUNE 6, 2025 or I donated sperm through sexual relations or informally in Québec.

Please enter the information requested for all of the ARCs or health facilities where you made at least one donation, if applicable. If you do not have enough space because you made a donation in more than two ARCs or health facilities, please use another sheet and attach it to this form.

Name of the ARC or health facility	Identifier as the donor
Address or, failing that, city	

Name of the ARC or health facility	Identifier as the donor
Address or, failing that, city	

If you donated sperm through sexual relations or informally, enter the name(s) of the intended parent(s).

Parent 1	Parent 2
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This information will be used to update the information regarding your consent for all parental projects for which one of your donations was used.

Giving consent

- I consent to the disclosure of my contact information (address, telephone number, email address) to persons conceived using my reproductive material or, if deceased, to their first-degree descendants.
- I wish to add conditions to the disclosure of my personal contact information (e.g., only email correspondence is authorized). The conditions are as follows:

Withdrawing consent (with regard to contact)

- I wish to withdraw my consent to the disclosure of my contact information (address, telephone number, email address) to persons conceived using my reproductive material or, if deceased, to their first-degree descendants.
- I understand that my name and my contact information may have been disclosed to persons conceived using my reproductive material or, if deceased, to their first-degree descendants between the time I gave my consent to its disclosure and the present withdrawal of my consent.

Withholding consent

- I do not consent to the disclosure of my contact information to persons authorized to request it (persons born of a procreation project or, if deceased, their first-degree descendants). This is a refusal regarding contact.



Situation 3 – I am a surrogate mother who contributed to one or more parental projects undertaken on or after JUNE 6, 2023.

Parental project 1

Please enter the name(s) of the intended parent(s).

Parent 1	Parent 2	Date of birth of the person conceived
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Parental project 2

Please enter the name(s) of the intended parent(s).

Parent 1	Parent 2	Date of birth of the person conceived
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If you do not have enough space because you contributed to more than two parental projects, please use another sheet and attach it to this form. The information provided will make it possible to update the information related to your consent for all parental projects in which you were a surrogate mother.

Giving consent

- I consent to the disclosure of my contact information (address, telephone number, email address) to persons conceived with my contribution or, if deceased, to their first-degree descendants.
- I wish to add conditions to the disclosure of my personal contact information (e.g., only email correspondence is authorized). The conditions are as follows:

Withdrawing consent (with regard to contact)

- I wish to withdraw my consent to the disclosure of my contact information (address, telephone number, email address) to persons conceived with my contribution or, if deceased, to their first-degree descendants.
- I understand that my name and my contact information may have been disclosed to persons conceived with my contribution or, if deceased, to their first-degree descendants between the time I gave my consent to its disclosure and the present withdrawal of my consent.

Withholding consent

- I do not consent to the disclosure of my contact information to persons authorized to request it (persons born of a procreation project or, if deceased, their first-degree descendants). This is a refusal regarding contact.

SECTION 3 – Psychosocial support services

Psychosocial support services are available to all persons subject to a request for origin information undertaken by persons born of a procreation project or, if deceased, a first-degree descendant. As a donor of reproductive material or as a surrogate mother, you can receive these services, offered by the Ministère de la Santé et des Services sociaux. If you wish to receive support, check the box below.

- I would like the Ministère to contact me to offer psychosocial support regarding the request for origin information concerning me.

SECTION 4 – Documents to provide

You must provide photocopies of identity documents so that your identity can be verified and to ensure the integrity of the register and the protection of the information it contains. The photocopies of the documents will be destroyed as soon as your identity has been verified. No personal information contained in the documents will be retained or disclosed to a third party.

Identity documents to provide

Please attach to the form a photocopy of two (2) official identity documents. At least one of these documents must contain your signature.

The following official identity documents are accepted:

- Health insurance card
- Driver's licence
- Birth certificate
- Passport
- Canadian citizenship card



SECTION 5 – Situations covered in this form

1. If you donated sperm or eggs in Québec, in an assisted-reproduction centre or in a health facility, on or before June 5, 2025, the confidentiality of your name and contact information is preserved. However, you can express your wish regarding the disclosure of your name only or your name and your contact information.
2. If you donated sperm or eggs in Québec, in an assisted-reproduction centre or a health facility, on or after June 6, 2025 or donated sperm through sexual relations or informally in Québec, your name will be disclosed. However, your contact information cannot be disclosed without your consent.
3. If you are a surrogate mother who contributed to a parental project undertaken on or after June 6, 2023, your name will be disclosed. However, your contact information cannot be disclosed without your consent.
4. If you donated sperm or eggs or are a surrogate mother who contributed to the procreation of a child, we must inform you of the first request for information regarding you and allow you to express your wishes regarding the disclosure of your contact information and to indicate, if applicable, the conditions under which you authorize contact.

SECTION 6 – Signature

I acknowledge that I understand the situations covered in this form, as described above.

In witness whereof, I signed in _____, on _____.

City Date

Signature: _____

Protection of personal information

The personal information collected on this form is necessary to process information related to your consent and the verification of your identity. It will be used solely for the purposes for which it was collected. Please note that, in accordance with the legal responsibilities of the Ministère de la Santé et des Services sociaux, this form and the associated documents may be transferred to it for processing.

You have the right to know what information the Ministère de l'Emploi et de la Solidarité sociale holds about you, to receive that information and to request its correction by contacting the person responsible for access to documents and the protection of personal information.

Please send the form, duly completed and signed, and the photocopies of the official identity documents, to the following address:

Ministère de l'Emploi et de la Solidarité sociale
Registre sur la connaissance des origines en matière
de procréation impliquant la contribution d'un tiers
2535, boulevard Laurier, 4^e étage
Québec (Québec) G1V 5C6

For any information on the register of origin information in procreation involving a third person, visit the Québec.ca website or contact Services Québec at 1-877-644-4545.

