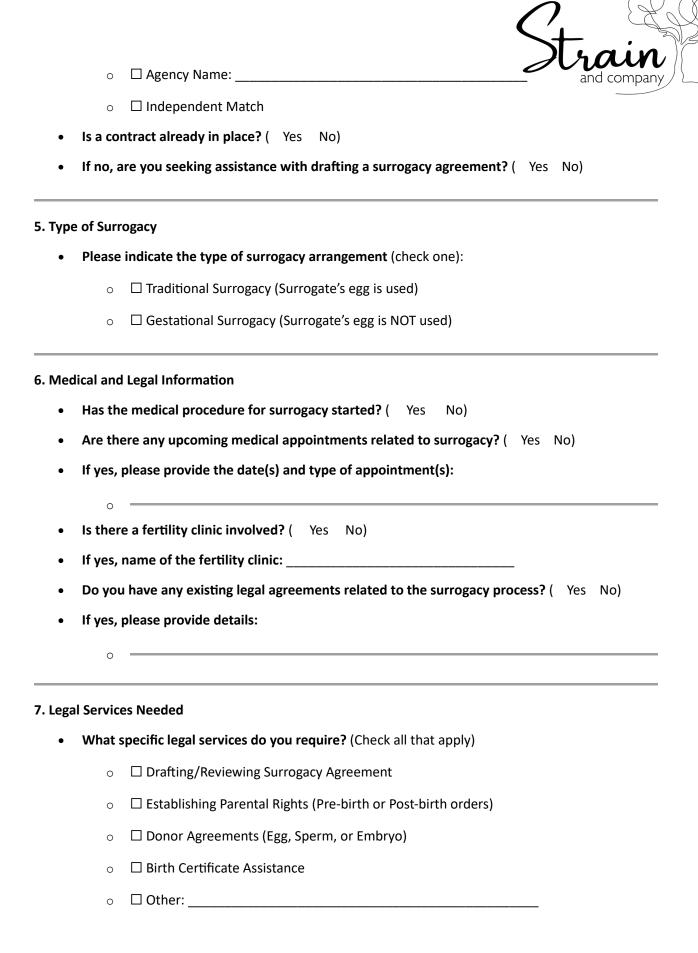


Strain and Company Surrogacy Legal Services Intake Form

1. Client Information					
• Full Name (required)					
Date of Birth (required)					
 Address (Street, City, Postal Code) (required) Phone Number (required) 					
Preferred Method of Communication (Phone Email)					
2. Role in Surrogacy					
• Please indicate your role in the surrogacy process (check one):					
 □ Intended Parent 					
○ □ Surrogate					
○ ☐ Egg Donor					
○ □ Sperm Donor					
o ☐ Other (Please specify):					
3. Partner/Spouse Information (if applicable)					
Full Name of Partner/Spouse (if applicable)					
Partner/Spouse's Phone Number					
Partner/Spouse's Email					
Are they involved in the surrogacy agreement? (Yes No)					

4. Surrogacy Arrangement Information

- Are you currently matched with a surrogate or intended parent? (Yes No)
- Name of the Surrogate or Intended Parent (if applicable):
- Agency or Independent Match? (Check one)





8. Additional Information

•	Is this a	time	-sensitive	matter?	Yes	No)
•	13 11113 0	, mine	-3611311146	IIIallel : 1	103	1110

•	If yes, please provide any important dates or deadlines:				
	0				
•	Do you have any additional concerns or questions regarding your surrogacy process?				
	0				
9. Refe	rral Information				
•	How did you hear about our services? (Referral, Website, Social Media, Other)				

10. Signature and Consent

• Consent for Personal Information:

"I consent to the collection and use of my personal information for the purpose of receiving legal services in connection with the surrogacy process, in accordance with applicable privacy laws in British Columbia."

•	Client Signature: _	
	_	
	Date:	