Authorisation for Disclosure of Information to Agent

INTERNAL AFFAIRS
Te Tari Taiwhenua

I authorise the Registrar-General of Births, Deaths and Marriages to disclose any information to which I am entitled from the Human Assisted Reproductive Technology Register to:

_____

Full name of "Agent"

_____ **or** _____

Signature of donor | *Signature of donor offspring or guardian*

_____ _____

Printed full name of donor | *Printed full name of donor offspring or guardian*

_____

Today's Date

Post to:

HART Team
Births, Deaths & Marriages (HART)
P O Box 10526
Wellington 6143