

CHECKLIST
PETITION TO CHANGE BIRTH RECORD – GESTATIONAL CARRIER

Documents to be attached to the Petition in the order they appear:

_____ Preliminary Decree, *only if all affidavits not present/someone contests*

_____ Final Decree

_____ Petition to Change Birth Record – Gestational Carrier

- _____ Attorney Caption
- _____ Signed by Attorney or Petitioner
- _____ Verified by Petitioner
- _____ Petitioner(s) is/are Intended Parent(s)
- _____ Petitioner(s) is/are Donor(s)
- _____ Petitioner(s) is/are **not** Donor(s)

Contents of Petition:

- _____ Name(s) and Address(es) of Intended Parent(s)
- _____ Name and Address of Gestational Carrier
- _____ Name and Address of Donor, *if different than Intended Parent(s)*
- _____ Name of Person who Performed the Assisted Conception
- _____ Address of Facility where the procedure was performed
- _____ Facts and circumstances surrounding the performing of the procedure and its resulting in a successful pregnancy
- _____ Date of birth, or expected date of birth of the child

Exhibits:

- _____ Statement from Person/Facility performing procedure certifying facts as to the procedure
- _____ Certified copy of any agreement among the parties
- _____ Affidavit signed by the Intended Parent(s)
- _____ Affidavit signed by the Gestational Carrier
- _____ Affidavit signed by the husband of Gestational Carrier
- _____ Affidavit signed by the Donor(s), *if different than Gestational Carrier or Intended Parents*
- _____ Affidavit signed by spouse of Donor(s) *if different than Gestational Carrier or Intended Parents*
- _____ Stipulation executed by the PA Department of Health (or counsel) and petitioners (or counsel) that the proposed Decree is acceptable to them