



STATUTORY INSTRUMENTS.

**S.I. No. 545 of 2019**



CHILDREN AND FAMILY RELATIONSHIPS ACT 2015 (CONSENT TO  
PARENTAGE DECLARATION) REGULATIONS 2019

S.I. No. 545 of 2019

CHILDREN AND FAMILY RELATIONSHIPS ACT 2015 (CONSENT TO  
PARENTAGE DECLARATION) REGULATIONS 2019

I, SIMON HARRIS, Minister for Health, in exercise of the powers conferred on me by section 41 of the Children and Family Relationships Act 2015 (No. 9 of 2015), hereby make the following regulations:

1. (1) These Regulations may be cited as the Children and Family Relationships Act 2015 (Consent to Parentage Declaration) Regulations 2019.

(2) These Regulations shall come into operation on the 5<sup>th</sup> day of May 2020.

2. In these Regulations, “Act of 2015” means the Children and Family Relationships Act 2015 (No. 9 of 2015).

3. The following forms of declaration are prescribed for the purposes of section 41 of the Act of 2015:

- (a) in the case of a declaration under section 9(1)(c) of the Act of 2015, the form of declaration set out in Part 1 of the Schedule;
- (b) in the case of a declaration under section 11(1)(d) of the Act of 2015, the form of declaration set out in Part 2 of the Schedule.

SCHEDULE

PART 1

Children and Family Relationships Act 2015

**Declaration to be completed under section 9(1)(c) of the Act of 2015 by the  
intending mother**

**THIS DECLARATION IS TO BE MADE BEFORE THE DAHR  
PROCEDURE IS PERFORMED.**

**Please complete this form in BLOCK CAPITALS.**

I, the undersigned, hereby declare:

1. that I received the information referred to in section 13 of the Act of 2015;
2. that, in the event that a DAHR procedure is performed, I -
  - (a) consent to the provision to the Minister of the following information referred to in section 28(3)(b) of the Act of 2015 in respect of me:
    - (i) name;
    - (ii) date of birth;
    - (iii) address and contact details; and
  - (b) agree to comply with my obligations under section 27 of the Act of 2015;
3. that I am aware that -
  - (a) the donor of a gamete or embryo used in the DAHR procedure shall not be the parent of any child born as a result of that procedure, and
  - (b) that I shall be the mother of such a child;

4. *where applicable*, that I consent to \_\_\_\_\_, being my spouse / civil partner / cohabitant (*delete as appropriate*), being the parent under section 5(1)(b) of the Act of 2015 of any child born as a result of the DAHR procedure;
  
5. that, in the event that a child is born as a result of the DAHR procedure, I -
  - (a) consent to the recording on the National Donor-Conceived Person Register of the following information under section 33(3)(c) of the Act of 2015 in respect of me:
    - (i) name;
    - (ii) date of birth;
    - (iii) address and contact details;
  
  - (b) consent to the recording on the National Donor-Conceived Person Register of the following information specified in paragraphs (a) and (b) of section 33(3) of the Act of 2015 in respect of the child:
    - (i) name;
    - (ii) date of birth;
    - (iii) place of birth;
    - (iv) sex;
    - (v) address;
  
  - and
  
  - (c) understand that the child may, in accordance with section 35 of the Act of 2015, access the following information under section 33(3)(d) of the Act of 2015 in respect of a person who is, in relation to the child, a relevant donor and seek to contact him or her:
    - (i) his or her name;
    - (ii) his or her date and place of birth;
    - (iii) his or her nationality;
    - (iv) the date on which, and the place at which, he or she provided the gamete;
    - (v) his or her contact details.

Name of Intending Mother: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In the presence of a person authorised in that behalf by the operator of the DAHR facility where the DAHR procedure is to be performed

*[facility name]*: \_\_\_\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PART 2

Children and Family Relationships Act 2015

**Declaration to be completed under section 11(1)(d) of the Act of 2015 by  
the spouse, civil partner or cohabitant of the intending mother**

**THIS DECLARATION IS TO BE MADE BEFORE THE DAHR  
PROCEDURE IS PERFORMED.**

**Please complete this form in BLOCK CAPITALS.**

I, the undersigned, hereby declare:

1. that I am the spouse / civil partner / cohabitant (*delete as appropriate*)  
of \_\_\_\_\_, the intending mother;
2. that I received the information referred to in section 13 of the  
Act of 2015;
3. that, in the event that a DAHR procedure is performed, I -
  - (a) consent to the provision to the Minister of the following  
information referred to in section 28(3)(b) of the Act of 2015 in  
respect of me:
    - (i) name;
    - (ii) date of birth;
    - (iii) address and contact details; and
  - (b) agree to comply with my obligations under section 27 of the Act  
of 2015;
4. that I am aware that -
  - (a) the donor of a gamete or embryo used in the DAHR procedure  
shall not be the parent of any child born as a result of that  
procedure, and
  - (b) by consenting in accordance with section 11 of the Act of 2015,  
I shall, under that Act, together with the mother of the child, be  
the parent of such a child;

5. that, in the event that a child is born as a result of the DAHR procedure, I -
- (a) consent to the recording on the National Donor-Conceived Person Register of the following information specified in section 33(3)(c) of the Act of 2015 in respect of me:
    - (i) name;
    - (ii) date of birth;
    - (iii) address and contact details;
  
  - (b) consent to the recording on the National Donor-Conceived Person Register of the following information specified in paragraphs (a) and (b) of section 33(3) of the Act of 2015 in respect of the child:
    - (i) name;
    - (ii) date of birth;
    - (iii) place of birth;
    - (iv) sex;
    - (v) address; and
  
  - (c) understand that the child may, in accordance with section 35 of the Act of 2015, access the following information specified in section 33(3)(d) of the Act of 2015 in respect of a person who is, in relation to the child, a relevant donor and seek to contact him or her:
    - (i) his or her name;
    - (ii) his or her date and place of birth;
    - (iii) his or her nationality;
    - (iv) the date on which, and the place at which, he or she provided the gamete;
    - (v) his or her contact details.

8 [545]

Name of Spouse / Civil Partner / Cohabitant (*delete as appropriate*) of the  
intending mother: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In the presence of a person authorised in that behalf by the operator of the  
DAHR facility where the DAHR procedure is to be performed

*[facility name]*: \_\_\_\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





GIVEN under my Official Seal,  
4 November, 2019.

SIMON HARRIS,  
Minister for Health.

EXPLANATORY NOTE

*(This note is not part of the instrument and does not purport to be a legal interpretation.)*

These Regulations may be cited as the Children and Family Relationships Act 2015 (Consent to Parentage Declaration) Regulations 2019.

These Regulations provide for prescribed forms to be used, under Sections 9(1)(c) or 11(1)(d) of the Children and Family Relationships Act 2015 as appropriate, for the purpose of signing a declaration that consents to parentage before a donor assisted human reproduction procedure takes place, and consents to providing certain information to the Minister and to the recording of certain information on the National Donor-Conceived Person Register.

These Regulations come into operation on 5 May 2020.

BAILE ÁTHA CLIATH  
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR  
Le ceannach díreach ó  
FOILSEACHÁIN RIALTAIS,  
52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2,  
D02 DR67.

Teil: 076 110 6834  
r-post: [publications@opw.ie](mailto:publications@opw.ie)

---

DUBLIN  
PUBLISHED BY THE STATIONERY OFFICE  
To be purchased from  
GOVERNMENT PUBLICATIONS,  
52 ST. STEPHEN'S GREEN, DUBLIN 2,  
D02 DR67.

Tel: 076 110 6834  
E-mail: [publications@opw.ie](mailto:publications@opw.ie)

---

€ 3.50

