

Regulations for Inquiring Kinship Information of Concern to the Children Born Through Assisted Reproduction

Full text was amended and promulgated under Ministry of Health and Welfare Order, Wei-Shou-Guo-Zhi No. 1070402117 on August 21, 2018, and was implemented from October 1, 2018.

Article 1 These Regulations are prescribed pursuant to Article 29, Paragraph 2 of the Assisted Reproduction Act (hereafter referred to as “the Act”).

Article 2 Child born after 1998 and registered at the competent authority as conceived through assisted reproduction by the use of donated reproductive cells (hereafter referred to as “AR person”) or his/ her legal representative may apply to the competent authority for AR person certificate if any one of the conditions specified in Article 29, Paragraph 1 of the Act is met.

Article 3 When an AR person plans to get married, adopt a child or be adopted, the marriage partner, adoptee or adopter may submit the AR person certificate to the household registration office to apply for a kinsfolk relation record certificate in accordance with Regulations for Application and Management of Kinsfolk Relation Record.

Article 4 The AR persons or their legal representatives may submit the following documents to the competent authority for inquiring kinship information of concern to the AR person in accordance with Article 29, Paragraph 1 of the Act.

1. The applicant’s national ID card; foreigners without a national ID card should submit a document with his/ her ID or passport number for proof of identity.
2. Application Form for the Kinship Information of Concern to the AR Person (see attached forms 1 or 2)
3. Kinsfolk relation record certificate as mentioned in the preceding article.

Article 5 The competent authority shall notify the applicant about the inquiry result in written document within 30 days upon receiving the application. The competent authority may notify the applicant to submit the correct documents within a designated time limit as needed; failure to do so will result in a rejection of query.

Contents of the notification in the preceding paragraph shall be limited to any of the conditions specified in Article 29, Paragraph 1 of the Act.

Article 6 The competent authority may appoint its subordinate, the Health Promotion Administration, or entrust relevant juridical entities or organizations to perform the inquiry affairs as set in the Regulations.

Article 7 The Regulations shall become effective from October 1, 2018.

Attachment 1

**Application Form for the Kinship Information of Concern to the AR
Person (for Intending Marriage)**

The applicant _____, is inquiring whether the intending marriage partner of AR person _____ (date of birth: ____/____/____ MM/DD/YY; national ID card No. _____) has any one of the conditions set forth in Article 29, Paragraph 1, Subparagraph 1 of the Act in accordance with Article 29 of Assisted Reproduction Act and Article 4 of Regulations for Inquiring Kinship Information of Concern to the Children Born Through Assisted Reproduction.

To : the Health Promotion Administration of Ministry of Health and Welfare

Date : _____

Identity of the applicant (please check the appropriate box)

☐ AR person

☐ Legal representative of the AR person

Name of the applicant: _____ (signature)

National ID card No. :

Foreigner's ID No. :

Foreigner's Passport No. :

Date of Birth: : _____

Contact No. : () _____ Cellular phone No. : _____

Registered Address (for foreigners, please fill in your current residential address in Taiwan) :

_____ (county/city) _____ (city/town/township/district)

_____ (village) _____ (neighborhood) _____ (road/street) ____ (section)

_____ (lane) _____ (alley) ____ (No.) ____ (floor)

Father of the AR person	Mother of the AR person
Name: _____ (signature)	Name: _____ (signature)
National ID card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	National ID card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Foreigner's passport No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Foreigner's passport No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth : _____	Date of birth : _____
Intending marriage partner	
Name: _____ (signature)	
National ID card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Foreigner's ID No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Foreigner's passport No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of birth : _____	

Attachment 2

Application Form for the Kinship Information of Concern to the AR Person (for Intending Adoption or Adoptee)

The applicant _____, is inquiring whether the intending ☐ adoptive parent
☐ adoptee (please check the appropriate box) of AR person _____ (date of
birth: ____/____/____ MM/DD/YY; national ID card No. _____) has
any one of the conditions set forth in Article 29, Paragraph 1, Subparagraph 2 of the
Act in accordance with Article 29 of Assisted Reproduction Act and Article 4 of
Regulations for Inquiring Kinship Information of Concern to the Children Born
Through Assisted Reproduction.

To: the Health Promotion Administration of Ministry of Health and Welfare

Date: _____

Identity of the applicant (please check the appropriate box)

☐ AR person

☐ Legal representative of the AR person

Name of the applicant : _____ (signature)

National ID card No. :

Foreigner's ID No. :

Foreigner's Passport No. :

Date of Birth : _____

Contact No. : () _____ Cellular phone No. : _____

Registered Address (for foreigners, please fill in your current residential address in
Taiwan):

_____ (county/city) _____ (city/town/township/district)

_____ (village) _____ (neighborhood) _____ (road/street) _____

(section) _____ (lane) _____ (alley) ____ (No.) ____ (floor)

Parents of the AR Person	
Father	Mother
Name: _____ (signature) National ID card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's ID card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's passport No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of birth:_____	Name: _____ (signature) National ID card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's ID card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's passport No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of birth:_____
Information of Adopters (for AR person as intending adoptee)	
Paternal Adopter	Maternal Adopter
Name: _____ (signature) National ID card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's passport No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of birth:_____	Name: _____ (signature) National ID card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's passport No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of birth:_____
Information of the Adoptee (for AR person as intending adopter)	
Name: _____ (signature) National ID card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Foreigner's passport No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of birth:_____	