



Little Miracles Surrogacy, LLC.
PO Box 58171
Pittsburgh, PA 15209

INTENDED PARENT/S PROFILE PAGE

Dear Intended Parent(s),

We are honored that you chose us to help walk beside you on your journey! We know this is lengthy, but please take the time to complete this questionnaire so that we have as much information as possible to provide you with a suitable match. Your identifying information will not be released to potential surrogates. We will share the information on page 5 and following with prospective gestational surrogates. If you have any questions please let us know and we will be happy to help. **If a question is not applicable, please write "N/A" as opposed to leaving it blank.**

Legal Name and Info

Intended Parent 1

Legal name	
Social Security Number	
Date of Birth	
Cell Phone #	
Work phone #	
Email Address	
Home Address	
Home Phone#	

Intended Parent 2 (If Applicable)

Legal name	
Social Security Number	
Date of Birth	
Cell Phone #	



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Work phone #	
Email Address	

Emergency Contact

Name	
Phone #	
Relationship to Intended Parent(s)	

Fertility Clinic Information

Name	
Address	
Phone	
Fax	
Physicians Name	
Physicians email	
Clinic nurse/ coordinator/ manager assigned to your journey. Include name and email.	

Attorney Information (If Applicable)

Name	
Address	
Phone #	
Fax #	
Email Address	



Gestational Surrogacy

How soon will you be ready to start the surrogacy process? What is an ideal timeline for you?	
Are there any surrogates that you would NOT feel comfortable working with, for example sexual orientation, ethnicity, race, national origin or religion? If yes please explain	

Embryo Creation

Sperm Information

Will you be using Intended Parent (s) sperm?	
If yes, who will be contributing sperm? Intended parent 1 or Intended Parent 2	
Will you be using Donor sperm?	
If yes, will the donor be anonymous or known?	
If Sperm donor is anonymous please provide the name and contact info of the cryopreservation Clinic	

Egg Information

Will you be using the Intended Parent (s) egg?	
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If yes, specify who will be contributing Eggs. Intended Parent 1 or Intended Parent 2?	
Will you be using an egg donor?	
Will the donor be anonymous or known?	
Are you in need of an egg donor referral?	
If you are already working with an egg donor agency, please provide the name and contact info of the agency.	

Embryos

Do you have embryos cryopreserved?	
How many cryopreserved embryos do you have?	
Were the embryos genetically tested? If yes, what type of genetic testing was done?	
Do you know the sex of the embryos?	
What is the grade level for the embryos?	

Covid Questions

Are you vaccinated, boosters, date?	
Is your partner vaccinated?	
Do you prefer your surrogate to be vaccinated?	



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THE BELOW INFORMATION WILL BE SHARED
WITH POTENTIAL GESTATIONAL SURROGATE

Intended Parents Profile

Intended Parent 1 Profile

First Name	
Occupation	
Ethnicity	
Race	
Age	
Health Status	
Do you have any health conditions that are life threatening? If yes	



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please explain.	
Do you smoke? If yes, how often?	
Do you drink alcohol? If yes, how often?	
Have you ever been convinced of a crime? If yes, please explain.	
Have you ever received psychiatric treatment? If yes, please explain.	

Intended Parent 2 Profile (If applicable)

First Name	
Occupation	
Ethnicity	
Race	
Age	
Health Status	
Do you have any health conditions that are life threatening? If yes please explain.	
Do you smoke? If yes, how often?	
Do you drink alcohol? If yes, how often?	
Have you ever been	



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convinced of a crime? If yes, please explain.	
Have you ever received psychiatric treatment? If yes, please explain.	

Family Information:

How long have you been together (if applicable)?	
What do you like to do in your spare time?	
Who lives in your household in addition to you/ yourselves?	
Do you currently have children? If yes, how many and please list their ages.	
Why did you decide to pursue family building through surrogacy?	

Questions Regarding Surrogacy

Are you open to the location of your surrogate?	
If multiple pregnancies occurred, would you want selective reduction performed? Y/N Please explain.	
Would you want to abort the pregnancy if the fetus had severe physical abnormalities? Y/N Please explain.	



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What reassurance can you give the surrogate that once the baby is born you will not change your mind?	
What kind of relationship/ contact would you like to have with your surrogate:	
During the pregnancy:	
After the pregnancy:	
Would you like to attend the obstetrical appointments with your surrogate? Y/N please explain	
Would you like to be in the delivery room when your child is born?	
If you can't be there for the birth, would you like for photos to be taken?	
Will you tell your child about the surrogate and what role she played in your life? If no please explain	
How would you feel about your child meeting the surrogate?	
What qualities do you find most important in your surrogate?	
Your message to your surrogate:	



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Please provide at least two photos to be shared with your surrogate.

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