

Regulations for Query on Kinship of Artificial Reproduction Child

Promulgated by Shu-Sho-Guo-Tzu Order No.0960400552 on June 23, 2007

Modified by Shu-Sho-Guo-Tzu Order No.0960401455 on January 11, 2008

Modified by Shu-Sho-Guo-Tzu Order No.1000401977 on October 20, 2011

Modified by Bu-Sho-Guo-Tzu Letter No.1020410297 on February 13, 2014.

Modified by Bu-Sho-Guo-Tzu Letter No.1030403104 on February 2, 2015.

- Article 1 These Regulations are prescribed pursuant to Article 29, Paragraph 2 of the Artificial Reproduction Act (herein referred to as this Act).
- Article 2 Children conceived through artificial reproduction or their statutory agents (herein referred to as applicants) may apply to the competent authority for an Certificate of Birth through Artificial Reproduction (Attached Form 1) where one of the conditions prescribed in the various subparagraphs of Article 29, Paragraph 1 of this Act is satisfied.
- Article 3 If a child conceived through artificial reproduction plans to marry or be adopted, the child's marriage partner or adoptive parents may submit a Certificate of Birth through Artificial Reproduction to the household registration office for application of relevant degree of relationship records for use in filling out a Kinship Form (Attached Form 2).
- Article 4 The applicant shall submit the following documents when applying to the competent authority for a query:
- 1.The applicant's national ID card (foreigners should attach a document verifying their uniform ID number or passport number).
 - 2.Artificial Reproduction Child Kinship Query Application Form (Attached Forms 3 and 4).
 - 3.Kinship Form.
- Article 5 The scope of queries under these Regulations shall be limited to cases contained in the competent authority's artificial reproduction database after 1998.
- Article 6 The competent authority may assign subordinate Health Promotion Administration or commission a relevant group to perform the query work as provided in this Rule.
- Article 7 These Regulations shall take effect on the date of promulgation.

Certificate of Birth through Artificial Reproduction

Applicant information	Information concerning prospective marriage partner or adoptive parents
Name:	Name:
National ID card number:	National ID card number:
Verified items	
<p>It is hereby verified that Mr./Ms _____, national ID card number _____, and date of birth _____, is a child conceived through artificial reproduction using donated reproductive cells. To avoid violation of Article 983 or 1073-1 of the Civil Code with regard to a prospective marriage partner or adoptive parents, please approve applications of degree of relationship records regarding the prospective marriage partner's or adoptive parents' direct blood relatives, direct relatives by marriage, collateral blood relatives within the sixth degree of kinship, and relatives by marriage within the fifth degree of kinship.</p>	

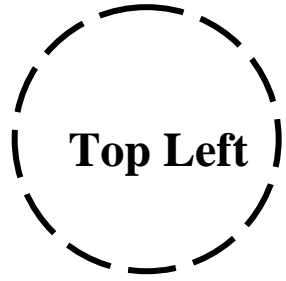
(The foregoing verification is only for the use of applications at a household registration office for the relevant degree of relationship records.)

Health Promotion Administration, Ministry of Health and Welfare (official seal):

Date:

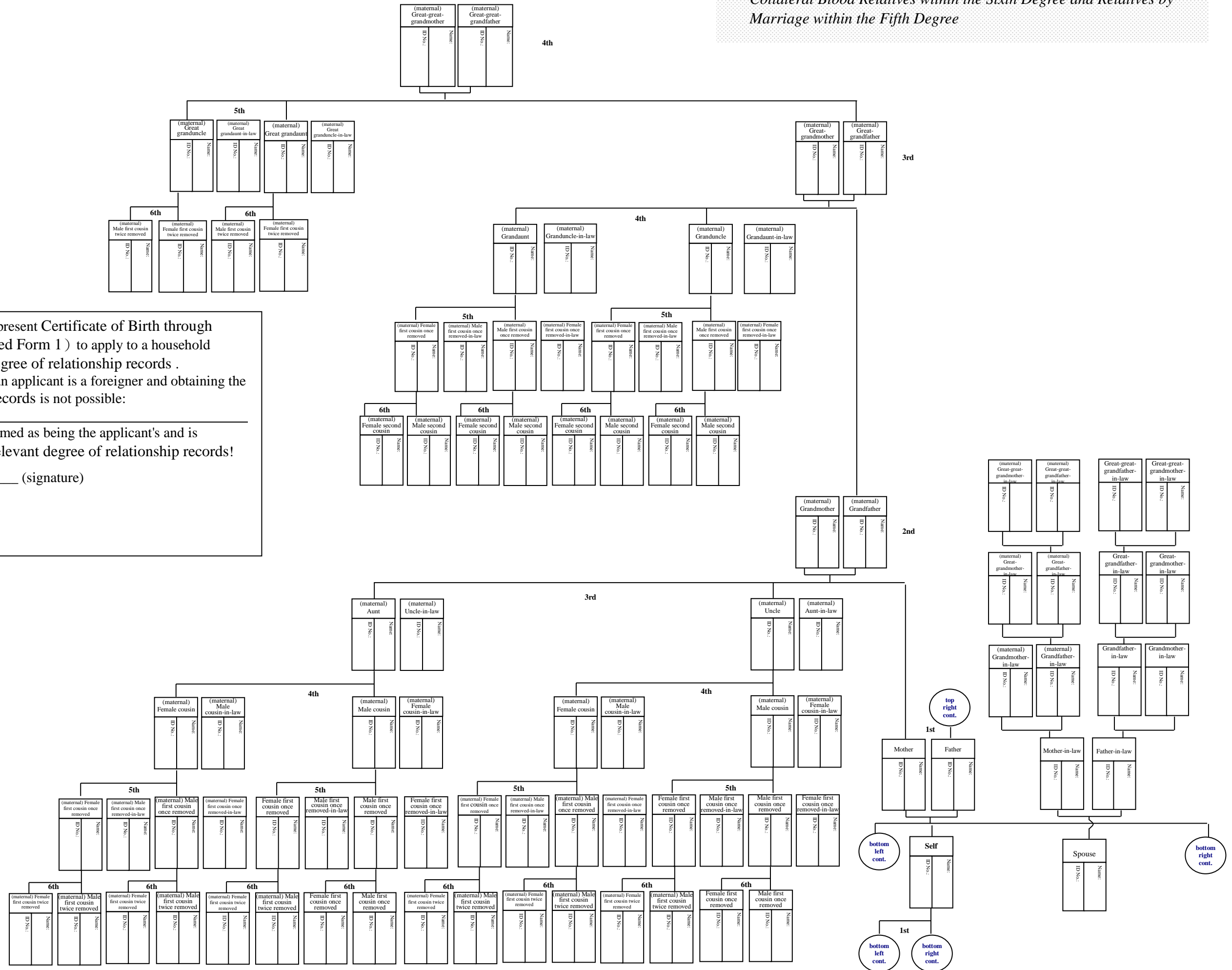
Attached Table 2-1

Kinship Form: Direct Blood Relatives, Relatives by Marriage, and Collateral Blood Relatives within the Sixth Degree and Relatives by Marriage within the Fifth Degree



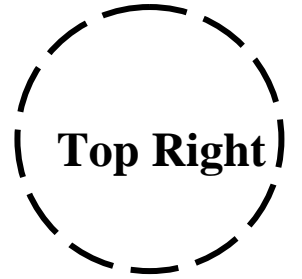
- ⊙ When filling out this form, please present Certificate of Birth through Artificial Reproduction (Attached Form 1) to apply to a household registration office for a relevant degree of relationship records .
- ⊙ Please explain the reason in full if an applicant is a foreigner and obtaining the relevant degree of relationship records is not possible:

- ⊙ The following information is confirmed as being the applicant's and is consistent with the content of the relevant degree of relationship records!
Applicant: _____ (signature)



Attached Table 2-2

Kinship Form: Direct Blood Relatives, Relatives by Marriage, and Collateral Blood Relatives within the Sixth Degree and Relatives by Marriage within the Fifth Degree



4th

Great-great-grandfather	Great-great-grandmother
ID No.:	ID No.:
Name:	Name:

3rd

Great-grandfather	Great-grandmother
ID No.:	ID No.:
Name:	Name:

5th

Great grandaunt	Great granduncle-in-law	Great granduncle	Great grandaunt-in-law
ID No.:	ID No.:	ID No.:	ID No.:
Name:	Name:	Name:	Name:

4th

Granduncle	Grandaunt-in-law	Grandaunt	Granduncle-in-law
ID No.:	ID No.:	ID No.:	ID No.:
Name:	Name:	Name:	Name:

6th

(maternal) Male first cousin twice removed	(maternal) Female first cousin twice removed	Male first cousin twice removed	Female first cousin twice removed
ID No.:	ID No.:	ID No.:	ID No.:
Name:	Name:	Name:	Name:

5th

Male first cousin once removed	Female first cousin once removed-in-law	Female first cousin once removed	Male first cousin once removed-in-law	Male first cousin once removed	Female first cousin once removed-in-law	Female first cousin once removed	Male first cousin once removed-in-law
ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

6th

Male second cousin	Female second cousin	Male second cousin	Female second cousin	Male second cousin	Female second cousin	Male second cousin	Female second cousin
ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

2nd

Grandfather	Grandmother
ID No.:	ID No.:
Name:	Name:

3rd

Aunt	Uncle-in-law	Uncle	Aunt-in-law
ID No.:	ID No.:	ID No.:	ID No.:
Name:	Name:	Name:	Name:

4th

Male cousin	Female cousin-in-law	Female cousin	Male cousin-in-law	Male cousin	Female cousin-in-law	Female cousin	Male cousin-in-law
ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

5th

Male first cousin once removed	Female first cousin once removed-in-law	Female first cousin once removed	Male first cousin once removed-in-law	Male first cousin once removed	Female first cousin once removed-in-law	Female first cousin once removed	Male first cousin once removed-in-law	Male first cousin once removed	Female first cousin once removed-in-law	Female first cousin once removed	Male first cousin once removed-in-law
ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

6th

Male first cousin twice removed	Female first cousin twice removed	Male first cousin twice removed	Female first cousin twice removed	Male first cousin twice removed	Female first cousin twice removed	Male first cousin twice removed	Female first cousin twice removed	Male first cousin twice removed	Female first cousin twice removed	Male first cousin twice removed	Female first cousin twice removed	Male first cousin twice removed	Female first cousin twice removed
ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:	ID No.:
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

1st

Mother	Father
ID No.:	ID No.:
Name:	Name:

Self

Self
ID No.:
Name:

bottom left cont.

bottom right cont.

top right cont.

bottom left cont.

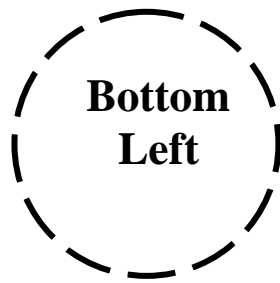
bottom right cont.

⊙ When filling out this form, please present Certificate of Birth through Artificial Reproduction (Attached Form 1) to apply to a household registration office for a relevant degree of relationship records .

⊙ Please explain the reason in full if an applicant is a foreigner and obtaining the relevant degree of relationship records is not possible:

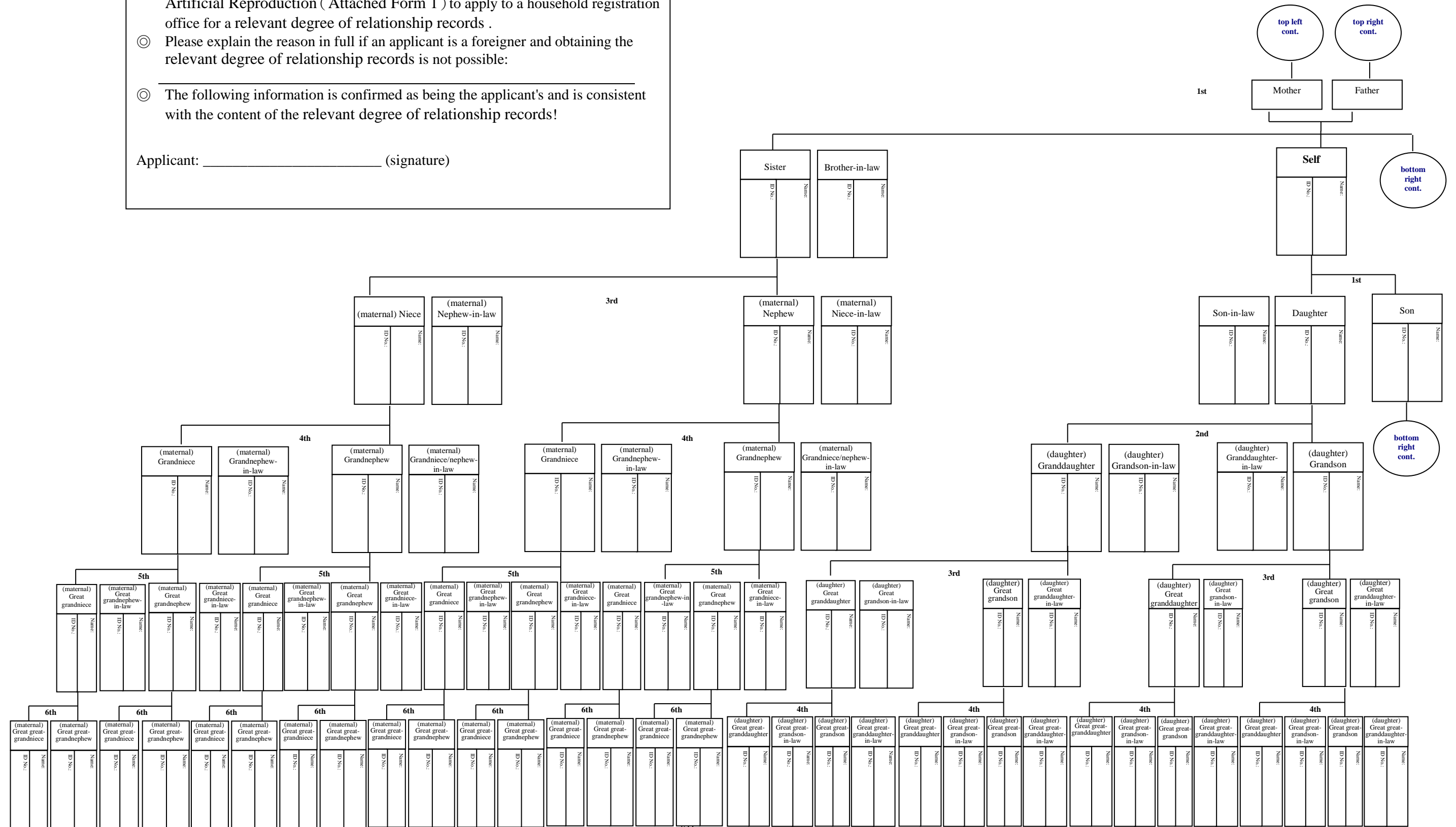
⊙ The following information is confirmed as being the applicant's and is consistent with the content of the relevant degree of relationship records!

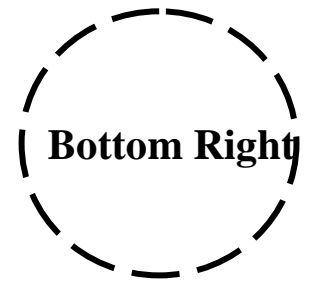
Applicant: _____ (signature)



When filling out this form, please present Certificate of Birth through Artificial Reproduction (Attached Form 1) to apply to a household registration office for a relevant degree of relationship records .
 Please explain the reason in full if an applicant is a foreigner and obtaining the relevant degree of relationship records is not possible:

 The following information is confirmed as being the applicant's and is consistent with the content of the relevant degree of relationship records!
 Applicant: _____ (signature)





When filling out this form, please present Certificate of Birth through Artificial Reproduction (Attached Form 1) to apply to a household registration office for a relevant degree of relationship records .
 Please explain the reason in full if an applicant is a foreigner and obtaining the relevant degree of relationship records is not possible:

 The following information is confirmed as being the applicant's and is consistent with the content of the relevant degree of relationship records!
 Applicant: _____ (signature)

top left cont.		top right cont.		Mother		Father		1st	
Bottom left cont.		Self		Brother		Sister-in-law		2nd	
		1st		3rd		3rd			
Daughter		Son		Daughter-in-law		Nephew		Niece-in-law	
bottom left cont.		2nd		2nd		4th		4th	
Grandson		Granddaughter-in-law		Granddaughter		Grandson-in-law		Grandnephew	
3rd		3rd		3rd		5th		5th	
Great grandson		Great granddaughter-in-law		Great granddaughter		Great grandson-in-law		Great grandnephew	
4th		4th		4th		6th		6th	
Great great-grandson		Great great-granddaughter-in-law		Great great-granddaughter		Great great-grandson-in-law		Great great-grandnephew	

Attached Form 3

Artificial Reproduction Child Kinship Query Application Form (for the purpose of marriage)

Applicant information:

1. Name: _____ (*applicant must be a child conceived through artificial reproduction using donated sperm or oocytes or such a child's statutory agent*)
2. National ID card number:
3. Foreigner's uniform ID number ^(Note 1):
4. Foreigner's passport number:
5. Date of birth: _____
6. Contact telephone number: () _____, mobile: _____
7. Registered address ^(Note 2): _____ (county/city) _____ (city/town/township/district) _____ (village) _____ (neighborhood) _____ (road/street) ____ (section) _____ (lane) _____ (alley) ____ (no.) ____ (floor)
8. Application date: _____

Information concerning father of child conceived through artificial reproduction	Information concerning mother of child conceived through artificial reproduction
<ol style="list-style-type: none"> 1. Name: 2. National ID card number: <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"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 3. Foreigner's uniform ID number ^(Note 1): <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"/><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"/> 4. Foreigner's passport number: <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"/><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"/> 5. Date of birth: _____ 	<ol style="list-style-type: none"> 1. Name: 2. National ID card number: <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"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 3. Foreigner's uniform ID number ^(Note 1): <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"/><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"/> 4. Foreigner's passport number: <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"/><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"/> 5. Date of birth: _____
Information concerning prospective marriage partner	
<ol style="list-style-type: none"> 1. Name: 2. National ID card number: <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"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 3. Foreigner's uniform ID number ^(Note 1): <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"/><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"/> 4. Foreigner's passport number: <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"/><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"/> 5. Date of birth: _____ <p>** Please attach a kinship form for direct blood relatives, direct relatives by marriage, collateral blood relatives within the sixth degree of kinship, and relatives by marriage within the fifth degree of kinship **</p>	

Note 1: Foreigners who do not have a national ID card shall fill out items 3 & 4; foreigners who do not have a uniform ID number should submit proof of original nationality and fill in the relevant document number.

Note 2: Foreigners please fill in their address in Taiwan.

Attached Form 4

Artificial Reproduction Child Kinship Query Application Form (for the purpose of adoption)

Applicant information:

1. Name: _____ (applicant must be a child conceived through artificial reproduction using donated sperm or oocytes or such a child's statutory agent)
2. National ID card number:
3. Foreigner's uniform ID number ^(Note 1):
4. Foreigner's passport number:
5. Date of birth: _____
6. Contact telephone number: () _____, Mobile: _____
7. Registered address ^(Note 2): _____ (county/city) _____ (city/town/township/district) _____ (village) _____ (neighborhood) _____ (road/street) _____ (section) _____ (lane) _____ (alley) _____ (no.) _____ (floor)
8. Application date: _____

Information concerning parents of child conceived through artificial reproduction	
Father	Mother
<ol style="list-style-type: none"> 1. Name: 2. National ID card number: <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"/> 3. Foreigner's uniform ID number ^(Note 1): <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"/> 4. Foreigner's passport number: <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"/> 5. Date of birth: _____ 	<ol style="list-style-type: none"> 1. Name: 2. National ID card number: <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"/> 3. Foreigner's uniform ID number ^(Note 1): <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"/> 4. Foreigner's passport number: <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"/> 5. Date of birth: _____
Information concerning adoptive parents	
Adoptive father	Adoptive mother
<ol style="list-style-type: none"> 1. Name: 2. National ID card number: <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"/> 3. Foreigner's uniform ID number ^(Note 1): <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"/> 4. Foreigner's passport number: <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"/> 5. Date of birth: _____ <p>** Please attach a kinship form for direct blood relatives, direct relatives by marriage, collateral blood relatives within the sixth degree of kinship, and relatives by marriage within the fifth degree of kinship **</p>	<ol style="list-style-type: none"> 1. Name: 2. National ID card number: <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"/> 3. Foreigner's uniform ID number ^(Note 1): <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"/> 4. Foreigner's passport number: <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"/> 5. Date of birth: _____ <p>** Please attach a kinship form for direct blood relatives, direct relatives by marriage, collateral blood relatives within the sixth degree of kinship, and relatives by marriage within the fifth degree of kinship **</p>

Note 1: Foreigners who do not have a national ID card shall fill out items 3 & 4; foreigners who do not have a uniform ID number may submit equivalent identification documents from their country of origin, and fill in the serial number on those documents.

Note 2: Foreigners shall fill in their address in Taiwan.