**This document is for information purposes only and should not be considered as legal advice on your individual circumstances.**

**For further information please contact your solicitor or FLAC’s Telephone Information line on:**

**1890 350250 or 01 8745690 - Monday to Friday 9.30-1pm and Monday evenings from 7-9pm.**

**AN CHUIRT DUICHE**

**DISTRICT COURT**

**DUBLIN METROPOLITAN DISTRICT COURT**

**[If outside of Dublin delete line above and add District Court Area of [INSERT] District No.]**

**Record number:**

**In the matter of section 21 of the Children and Family relationships Act 2015**

**Between:**

**[INSERT NAME OF MOTHER]**

**FIRST APPLICANT**

and

**[INSERT NAME OF INTENDING PARENT]**

**SECOND APPLICANT**

and

**[INSERT CHILD’S NAME]**

**RESPONDENT**

**GROUNDING AFFIDAVIT OF [INSERT NAME OF MOTHER]**

I, [**INSERT NAME OF MOTHER]**, [INSERT OCCUPATION], of [INSERT ADDRESS], aged eighteen years and upwards **MAKE OATH** and say as follows:-

1. I say that I am the first named Applicant and I make this affidavit from facts within my own knowledge save where otherwise appears and, where so otherwise appearing, I depose to the said facts believing them to be true.
2. I say that I am the mother and next friend of the Respondent child, [INSERT CHILD’S NAME] who was born in the State on the [INSERT DATE]. I say and believe that Section 20 of the Children and Family Relationships Act 2015 applies to [INSERT CHILD’S NAME]. I swear this Affidavit on my own behalf and on behalf of the Respondent child to ground this Application for a declaration that the second applicant [INSERT NAME] is pursuant to the provisions of Section 21 of the Children and Family Relationships Act 2015 a parent of the child [INSERT NAME].
3. I say that [INSERT CHILD’S NAME] was born to me at [INSERT LOCATION OF BIRTH] in the Republic of Ireland on [INSERT DATE OF BIRTH].
4. I say that [INSERT CHILD’S NAME] was conceived via a Donor Assisted Human Reproduction (DAHR) procedure using donor sperm to form the embryo which implanted into my womb. I further say that this DAHR procedure was carried out on [INSERT DATE OF DAHR PROCEDURE] at [INSERT NAME OF CLINIC] at [INSERT LOCATION] in the Republic of Ireland [**OR** INSERT COUNTRY]. I further say and believe that at the time of the DAHR procedure [INSERT NAME OF CLINIC] was authorised to perform such DAHR procedures in [INSERT COUNTRY]. I beg to refer to a copy of a letter from [INSERT NAME OF CLINIC], upon which, having marked with the number and letters [INSERT INITALS AND 1 e.g. ‘AW1’], I have signed my name prior to the swearing hereof.
5. I say that the second applicant is the intending parent of [INSERT CHILD’S NAME]. I further say that at the time of the conception, the second named applicant was the only ‘intending parent’ of [INSERT CHILD’S NAME].
6. I say that at the time of the conception, the donor was unknown to me and the second named applicant (the intending parent) and remains unknown.

1. I say that at the time of conception, the donor was not an intending parent of [INSERT CHILD’S NAME].
2. I say that I am the only person recorded as mother of the child on the register of births and that no other person is recorded in the register as the child’s parent or father. I beg to refer to a copy of [INSERT CHILD’S NAME]’s Birth Certificate, upon which, having marked with the number and letters [INSERT INITALS AND 2 e.g. ‘AW2’], I have signed my name prior to the swearing hereof.
3. **I THEREFORE PRAY THIS HONOURABLE COURT** for a Declaration pursuant to Section 21(1) of the Children and Family Relationships Act 2015 that the second Applicant [INSERT NAME OF INTENDING PARENT] is a parent of the Respondent child [INSERT NAME] and I am consenting to this application.

SWORN before me

at

in the County of

on the day of , 20

by the said

\*[who is personally known to me]

\*[who is identified to me by ........ who is personally known to me]

\*[whose identity has been established to me before the taking of this affidavit by the production to me of

†passport no. ........ issued on the ...... day of ........ by the authorities of ........, which is an authority recognised by the Irish Government

......................………………………………..

\*Commissioner for Oaths/ \*Practising Solicitor

This affidavit is filed with the District Court Clerk at ........ on the ...... day of ........ 20... by ........ on behalf of the first named Applicant.