





GERMAN PAREDES
photography



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Please choose a pseudonym for your profile:

Date of Birth: 11/08/1986

Height: 1.74 cm

Weight (lbs): 130

Hair Color: Rubio ceniza

Eye Color: azules

Ethnic Origin: Piemonte Itliano

Maternal Heritage: Española

Paternal Heritage: Italiana

Blood Type: 0+

Highest Level of education 1.5 años de contador publico

College Major Secundario

What was your college GPA?

What college(s) or university(ies) have you attended? UNR (Universidad Nacional de Rosario)

Do you have any artistic abilities? Please List: Estudié teatro, fui deportista (gimnasia artistica), se patina, me gust cantar y bailar

Do you have any athletic abilities? Please list: corro y patino, practico yoga y pilates

What is you current occupation? Modelo

Please describe your personality: Soy simpatica, muy amiguera, me gusta estar en pareja, me considero agradable

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? At 25

Have you worn braces?

Why do you want to become a donor? Me entusiasma la idea de poder ayudar a alguien, que no pueda por cualquier imposibilidad, y realmente desee ser madre. Pensar que podria ayudar a traer al mundo una nueva vida, me hace feliz

Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process? Si, las conozco y estoy dispuesta

Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient? si

If no, please explain.

If they request it, are you willing to meet your intended parents?si

Are you open to meeting the child in the future if that is requested?no

Are you open to exchanging future contact information with your intended Parents(s)? no

Where did you grow up? En Argentina

Do you have any siblings? If so, tell us about each of them:Tengo un hermano mayor, que ya tuvo hijos. Tiene mellizos y son divinos y hermosos

Do you have any children? If so, tell us about each of them:No tengo todavi hijos

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:no

Do you drink alcohol? If yes, how many drinks per week? Puedo beber alguna copa de vino con la cena quizas una vez a la semana

Have you ever been pregnant? If yes, how many times and what was the outcome? No

Have you ever been a donor before? If yes, did a pregnancy occur?No

Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why? No

Are you taking any recreational drugs? If yes, what are you taking?No

Do you smoke? No

Are your menstrual cycles regular? If no, please explain: I`m regular

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Cancer	No		Yes No		
Mental Retardation	No		Yes No		
Autism / Asperger's	No		Yes No		
Physical Malformation	No		Yes No		
Paralysis or crippling disorders	No		Yes No		
Alcohol or Drug Addiction	No		Yes No		
Cystic Fibrosis	No		Yes No		
Sickle Cell Anemia	No		Yes No		
Lupus	No		Yes No		
Miscarriages, still births, neonatal deaths	No		Yes No		
High blood pressure, heart attacks or strokes	No		Yes No		
Memory loss or dementia	No		Yes No		
Osteoporosis	No		Yes No		
Arthritis	No		Yes No		
Allergies	No		Yes No		
Blood diseases	No		Yes No		
Diabetes (Specifically Type 1 or Type 2)	No		Yes No		
Thyroid issues	No		Yes No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Learning disabilities	No		Yes No		
Seizure or epilepsy	No		Yes No		
Depression	No		Yes No		
Panic attacks	No		Yes No		
Schizophrenia	No		Yes No		
Bipolar Disorder	No		Yes No		
ADD or ADHD	No		Yes No		
Age-related issues	No		Yes No		
Kidney problems / diseases	No		Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No		Yes No		
Vision/Sight/Eye Problems	No		Yes No		