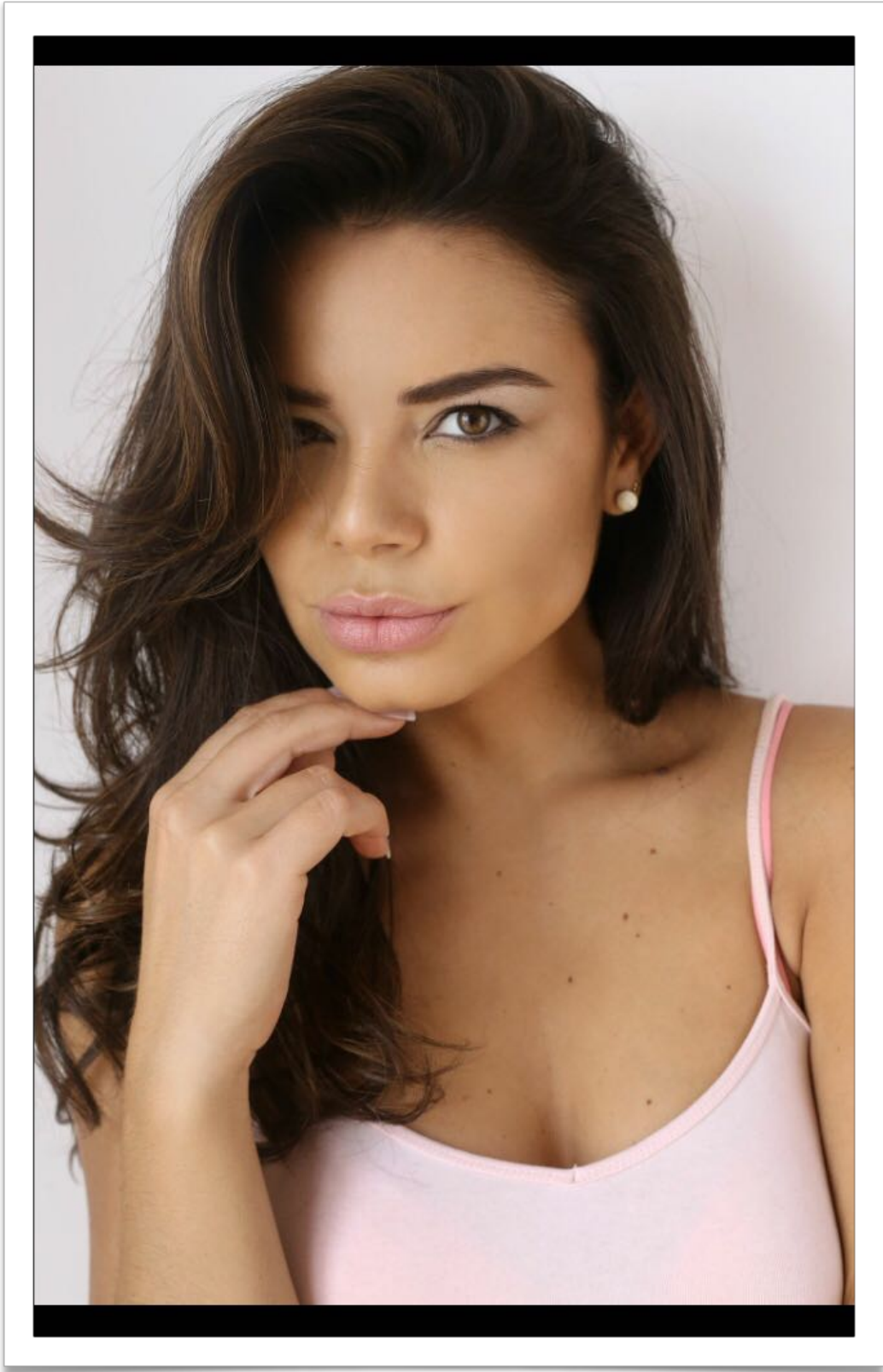






IGNACIO ALVAREZ







Please choose a pseudonym for your profile: Bella

Date of Birth: 13/07/1984

Height: 5.7

Weight (lbs): 125lb

Hair Color: Brown

Eye Color: Honey

Ethnic Origin: Portuguese / Brazil

Maternal Heritage: Brazil

Paternal Heritage: Portuguese

Blood Type: A+

College Major: Technical Radiology

What college(s) or university(ies) have you attended?

Ip- Instituto profissional MG_Brazil

Do you have any artistic abilities? Please List:

Dance - Actress

Do you have any athletic abilities? Please list:

Dance- Spinning

What is your current occupation?

Model

Please describe your personality:

Strong personality, honest and caring person, I have a friendly personality. A have a hard working attitude.

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

Yes, since 20 years old

Have you worn braces?

Yes 4 years

Why do you want to become a donor?

I like to help others who want and need a baby

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?

yes

**Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient?
If no, please explain.**

No

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

No

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?

Belo Horizonte – Minas Gerais _ Brazil

Do you have any siblings? If so, tell us about each of them:

Yes- two

The middle one is tall serious young man with a very good heart.

The youngest one is a very smart tall girl and is a responsible person

Do you have any children? If so, tell us about each of them:

no

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:

Allergic to strong glue productos

Lipo, and egg donor.

Do you drink alcohol? If yes, how many drinks per week?

3 glass of wine a week

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?

Yes and two babies where born.

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:

No

I have an arm implant, sometimes my cycles are regular and sometimes not

Family Medical History

Note: Medical history will be verified. Anything purposefully omitted may result in being dropped from the program. If any of the following has occurred in your family, please list which family member and explain:

Family Genetic History							
Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Deceased	Occupation
Father	M	57	6,0	honey	Brown	No	Detective
Mother	F	60	5,3	Brown	Brown	No	House work
Paternal Grandmother	F	71	5,2	Brown	Brown	Yes	House work
Paternal Grandfather	M	48	6.1	honey	Brown	Yes	?
Maternal Grandmother	F	87	5,2	Brown	Black	Yes	?
Maternal Grandfather	M	?	6,5	Black	Brown	?	?
Sibling	F	27	5.5	Brown	Brown	No	Fly attendant
Sibling	M	30	6.1	Brown	Brown	No	Police sargent
Sibling							
Sibling							

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

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Diabetes (Specifically Type 1 or Type 2)	No		Yes No		
Thyroid issues	No		Yes No		
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		No		