













Please choose a pseudonym for your profile:

Date of Birth: 09/09/1994

Height: 1.76cm

Weight (lbs): 55kg

Hair Color: Dark Blonde

Eye Color: Brown

Ethnic Origin: South American

Maternal Heritage: Brazilian

Paternal Heritage: Brazilian

Blood Type: 0+

- **Highest Level of education**

What was your college GPA? College Major

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

Design at College technical school in Brazil and France

Do you have any artistic abilities? Please List:

Yes, i like painting , all kinds of sports, i like to stay active .

Do you have any athletic abilities? Please list:

Yes, dancing

What is your current occupation?

Model and Web Designer

Please describe your personality

I always love everything about art, music , movies and I was always surrounded by this in my life because of my amazing parents, I play Guittar and i used to dance battet, street dance and jazz

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? No

Have you worn braces? No

Why do you want to become a donor?

To Help Families to conquer their dreams.

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. Yes

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

If requested

Are you open to meeting the child in the future if that is requested?

If requested

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

Where did you grow up?

In Rio de Janeiro - Brazil

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

Yes i have two brothers they have a clothes store they work together

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:

No

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

No

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: Yes

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Cancer	No		No		
Mental	No		No		
Retardation Autism	No		No		
/ Asperger's					
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	No		No		
dementia Osteoporosis	No		No		
Arthritis Allergies	No		No		
Blood diseases	No		No		
Diabetes (Specifically Type 1 or Type 2)	No		No		
Thyroid issues	No		No		
Learning disabilities	No		No		
Seizure or epilepsy	No		No		
Depression	No		No		
Panic attacks	No		No		

Schizophrenia	No		No		
Bipolar Disorder	No		No		
ADD or ADHD	No		No		
Age-related issues	No		No		
Kidney problems / diseases	No		No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No		No		
Vision/Sight/Eye Problems	No		No		