











Please choose a pseudonym for your profile: Natalia Diniz

Date of Birth: December 30, 1992

Height: 1.70 **Weight (lbs):** 46 kilos

Hair Color: Dark brown **Eye Color:** Dark Brown

Ethnic Origin: Brazilian

Maternal Heritage: SPANISH **Paternal Heritage:** BRAZIL

Blood Type: +A

Highest Level of education

High school

What was your college GPA?

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

College CNEC

Do you have any artistic abilities? Please List:

No

Do you have any athletic abilities? Please list:

Yes: cycling / swimming

What is your current occupation?

International Model

Please describe your personality:

I'm friendly, kind, determined.

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

No

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Have you worn braces?

Yes, when I was child

Why do you want to become a donor?

I think this is a beautiful way to help someone to get the dream to be a mother.

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?

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?

Brazil

Do you have any siblings?

Yes, one brother older than me. He is 32 years old

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?

Yes, maybe one time a month only

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?

, I'm not using any medicine.

Are you taking any recreational drugs? If yes, what are you taking?

None

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	Yes No X		Yes No		
Mental Retardation	Yes No X		Yes No		
Autism / Asperger's	Yes No X		Yes No		
Physical Malformation	Yes No X		Yes No		
Paralysis or crippling disorders	Yes No X		Yes No		
Alcohol or Drug Addiction	Yes No X		Yes No		
Cystic Fibrosis	Yes No X		Yes No		
Sickle Cell Anemia	Yes No X		Yes No		
Lupus	Yes No X		Yes No		
Miscarriages, still births, neonatal deaths	Yes No X		Yes No		
High blood pressure, heart attacks or strokes	Yes No X		Yes No		
Memory loss or dementia	Yes No X		Yes No		
Osteoporosis	Yes No X		Yes No		
Arthritis	Yes No X		Yes No		
Allergies	Yes No X		Yes No		
Blood diseases	Yes No X		Yes No		
Diabetes (Specifically Type 1 or Type 2)	Yes No X		Yes No		
Thyroid issues	Yes No X		Yes No		

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