















Ethnicity	Venezuelan, Native American
Maternal Heritage	Venezuelan, Native
Paternal Heritage	Venezuelan, Spaniard
Year Born	08/16/1996
Marital Status	Single
Blood Type	OHR +
Exact Height	5' 4
Weight	120 Lbs

Natural Hair Color:	Brown
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Eye Color:	Brown
Complexion:	Tan
Highest Level of Education:	University
University Name:	Andres Bello Callo Catholic University
Name of Your Degree:	Business Administration

Do you have any artistic abilities? Please List:

Photography. I am a writer and a public speaker. Acting.

Do you have any athletic abilities? Please List:

I have always been very active. I have done Gymnastics since I was a young girl, and I played basketball.

What is your current occupation?

Real Estate Agent

Please describe your personality

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

No

Have you worn braces?

No

Why do you want to become a donor?

I don't plan on having kids any time soon. So helping someone that does makes me feel like it is worth it. It would also help me achieve what I want to do in life as well.

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 not, please explain.

Yes

Please explain why?
If they request it, are you willing to meet your intended parents?
Yes
Are you open to meeting the child in the future if that is requested?
Yes
Are you open to exchanging future contact information with your intended Parents(s)?
Yes

Where did you grow up?
Venezuela
Do you have any siblings?
One half sibling
Do you have any children?
No
Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)?
No
Do you drink alcohol?
No
Have you ever been pregnant?
No
Have you ever been a donor before?
No
Are you currently taking any medication (for physical or mental health)?

No
Are you taking any recreational drugs?
No
Do you smoke?
No
Are your menstrual cycles regular?
Yes

Family Genetic History

Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Educational Level	Deceased	Occupational
Mother	Female	55	5'8					Lawyer
Father	Male	70	5'10					Lawyer
Paternal Grandmother	Female							
Paternal Grandfather	Male							
Maternal Grandmother	Female							
Maternal Grandfather	Male							
Brother								
Sister								
Sister								
Disease/ medical condition	Yes	No						
Cancer		No						
Autism/ Asperger's		No						
Physical Malformation		No						
Paralysis or crippling disorders		No						

Alcohol or Drugs Addiction		No	
Cystic Fibrosis		No	
Sickle Cell Anemia		No	
Lupus		No	
Miscarriage, still births, neonatal deaths		No	
High Blood Pressure		No	
Memory Loss		No	
Disease/ medical condition		No	
Osteoporosis		No	
Arthritis		No	
Allergies		No	
Please explain to whom, have they passed away (please include age), what was the age of onset/medication			
Blood disease		No	
Diabetes (specially Type 1 or Type 2		No	.
Thyroids		No	
Learning Disabilities		No	
Seizure or epilepsy		No	
Depression		No	
Panic attacks		No	
Schizophrenia		No	
Bipolar Disorder		No	
ADD or ADHD		No	
Age – related issues		No	
Kidney Problems		No	

Reproductive problems i.e., endometriosis, hysterectomies, late term miscarriages, etc.		No	
Vision/ sight/ eye problem		No	