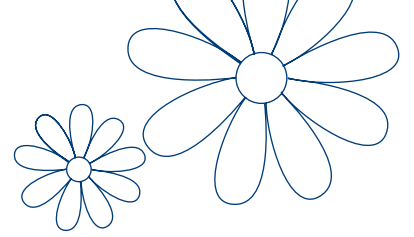


# Real Labor of Love Participant Application



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Due Date: \_\_\_\_\_

**Has your pregnancy been confirmed by a doctor or medical provider?**  Yes  No

Physician/Provider Name: \_\_\_\_\_

Physician/Provider Address: \_\_\_\_\_

Physician/Provider Phone: \_\_\_\_\_

**Do you have health insurance?**  Yes  No

If yes, name of insurance: \_\_\_\_\_

**Is the father of the baby involved in the pregnancy?**  Yes  No

If yes, Father's Name: \_\_\_\_\_

Father's Contact Information: \_\_\_\_\_

Is the father willing to participate in the program?  Yes  No

**Have you chosen the hospital where you will deliver?**  Yes  No

If yes, where? \_\_\_\_\_

Why did you choose this location? \_\_\_\_\_

**Are you currently enrolled in the Lovelace Labor of Love program?**  Yes  No

If no, would you like to receive additional information about joining the free program?  Yes  No

Why would you like to be the face of the Real Labor of Love?

\_\_\_\_\_  
\_\_\_\_\_

**Are willing to let us film the birth of your baby and give consent to use the video online?**  Yes  No

**Are you willing to provide personal details throughout your pregnancy for on-air or online use?**  Yes  No

**EMAIL APPLICATION ALONG  
WITH A RECENT PHOTO TO:**

laboroflove@lovelace.com or  
fax to 727.5720

  
Free Pregnancy Perks for Moms

lovelace.com/laboroflove 727.7677