



Registration Form for Birth Doula Services

If you are interested in registering for Birth Doula Services through, cherish™, please read and sign the Client Agreement, Client Confidentiality Release form and complete this registration form and mail it, along with payment*, to Maren Bench at the address below. After I have received your registration, I will contact you for availability and scheduling.

Personal Information (please print clearly)

Name: _____
First Name Last Name Preferred First Name

Address: _____ City, _____ State _____ Zip _____

Partner/Support Person Name: _____
First Name Last Name Preferred Name

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ Email: _____

Estimated Due Date: _____ Age: _____

Is this your first baby? YES / NO First pregnancy? YES / NO

Physician's Name: _____ Practice Name _____

Hospital or Facility where you are planning to give birth: _____

Is there anything special you would like me to know about you?

***Birth Doula Service fee: \$500. Non-refundable \$250 due at registration, other half due by 37 weeks.**

Signature: _____ Date: _____

How did you hear about me?

___ hospital tour ___ childbirth class ___ online search ___ friend or family member ___ other _____

Email or mail your completed and signed Registration Form, Client Contract, and Client Confidentiality Release Form to cherishbirthservices@gmail.com or cherish™ c/o Maren Bench 2199 Briarcliff Idaho Falls, ID 83404