

Parent / Guardian Certification (if required)

The certification of a parent or guardian is required if a woman having the abortion is under the age of eighteen (18) unless the woman has been emancipated by a court order or issued a waiver of parental consent by a juvenile court.

I certify that:

1. I am the parent or legal guardian of the patient identified above. *(Attach documentation of parental or guardian status.)*
2. The information described above was provided to my child or ward at least eighteen (18) hours before the abortion by the physician who will perform the abortion.
3. My child or ward chooses to have an abortion rather than continuing her pregnancy with perinatal hospice care.

Printed Name of Parent / Guardian

Relationship to Patient

Signature of Parent / Guardian

Date (month, day, year)

Time

Physician Certification

I certify that:

1. I am the physician who will perform the abortion for the patient identified above.
2. At least eighteen (18) hours before the abortion, I have provided all the required information described above.
3. I have had the patient and, if applicable, the patient's parent or guardian complete this form.
4. A completed copy of this form has been provided to the patient and, if applicable, the patient's parent or guardian.

Printed Name of Physician

Professional Credentials

License Number

Signature of Physician

Date (month, day, year)