

Parental Consent Form for a Minor Seeking Abortion

Parental Statement:

I certify that I, _____, am the parent of _____
(name of parent) *(minor daughter name)*

and give consent for _____ to perform an abortion on my daughter. I understand
(physician name)

that any person who knowingly makes a fraudulent statement in this regard commits a felony.

Date: _____, 20____.

Signature of Parent/Managing Conservator/Guardian



I certify I have witnessed the execution of this consent by the parent.

Subscribed and sworn to before me on this _____ day of _____, 20____
(day) *(month)*

NOTARY PUBLIC

My commission expires: _____

Required attachments:

- Copy of government-issued proof of identification
- Written documentation that establishes that he or she is the lawful parent of the pregnant female

Physician Statement:

I, _____, certify that according to my best information and belief, a reasonable person under
(Physician name)
similar circumstances would rely on the information presented by both the minor and her parent as sufficient evidence
of identity.

Date: _____, 20____.

Signature of Physician

(Parent Initials)