



Atlanta Women's Center

235 West Wieuca Road, Atlanta, GA 30342 (404) 257-0057

Minor Certification of Age and Parental Notification

I _____ am the lawful (circle one) Parent or Guardian of _____

The appointment was made on Date ___/___/___ at Time _____ am/pm.

At least twenty-four (24) hours before the abortion, the physician who is to perform the abortion, the referring physician, or his or her qualified agent (which could be a patient educator, licensed psychologist, licensed social worker, licensed professional counselor, licensed assistant, physician, or registered nurse) has told me, by telephone or in person, that my daughter/ward is having an abortion.

Parent / Guardian Signature _____

Parent's ID

Minor's ID

Guardian

_____ Driver's License

_____ Driver's License

_____ State Guardian Papers plus
other ID listed under Parent ID column

_____ Birth Certificate

_____ Birth Certificate

_____ College ID

_____ College ID

_____ Passport

_____ Passport

_____ Military ID

_____ Medicaid Card

_____ Resident Alien ID

_____ Resident Alien ID

Other (please describe) _____

I verify that this information is correct and accurate.

Parent's Signature _____

Translator Signature _____

This form signed in the presence of:

Staff Signature _____

Physician Signature _____

* Intake clerk: Please make copies of all IDs and place in the client chart along with this form