

The Hope Clinic for Women, Ltd.

Date:

RE: _____
(Patient's Name) Patient's Date of Birth

Dear Hope Clinic for Women Staff:

This letter is to inform you that I am aware that the minor (under age 18) whose name is listed above is having an abortion at The Hope Clinic for Women. By signing below, I verify that I am at least 21 years of age. I do not need to be informed by phone or letter 48 hours before the abortion. Falsifying any information on this form is a Class C misdemeanor.

My relationship to the minor whose name is listed above is (check one):

- _____ I am the minor's parent.
- _____ I am the minor's grandparent.
- _____ I am the minor's step-parent and live with her.
- _____ I am the minor's legal guardian.

Sincerely,

Your Name Printed

Your Signature

Date _____ Time _____

Notary Date _____ Time _____