

Dear Illinois Abortion Provider:

This letter confirms that I am aware that _____ is having an abortion.
(write minor's name here)

I am over 21 years of age and my relationship to _____ is:
(write minor's name here)

(check one below)

_____ I am her parent

_____ I am her grandparent

_____ I am her step-parent and I live in the same household as her

_____ I am her legal guardian

By signing below, I agree that you do not need to notify me by phone, in person, or by letter 48 hours before the abortion takes place.

Sincerely,

Signature of adult family member

Printed name of adult family member

Date

It is against the law for anyone to sign this written waiver of notification if he or she is not the adult family member listed above.