

(All patients must sign top half)

CERTIFICATION OF AGE

Colorado law requires that any minor less than 18 years old notify her parents of her intent to have an abortion. Please certify below:

I hereby certify that:

- I am 18 years of age or older.
- I am under 18 years of age and am emancipated.
- I am under 18 years of age.

Signature

Date

If you are a parent/guardian/relative of a minor and have received notice of the minor's intent to have an abortion, please complete the form below.

CERTIFICATION OF NOTICE

In compliance with Colorado law, I hereby certify that I am the parent, legal guardian or

a qualified relative of _____.

I have received notice of her intent to have an abortion.

Signature

Date

If you will not be physically present at Women's Health to sign this document, please attach a copy of your driver's license or other form of identification that includes your signature.