



**ACKNOWLEDGMENT OF PARENTAL NOTIFICATION
(Completed by parent or legal guardian)**

I, _____, state under oath that I am a parent or legal guardian of _____ who is younger than 18 years of age and not legally emancipated. I state that I have been notified of her intent to obtain an abortion at the Equality Health Center, and that I waive my right to receiving written notice of this intention 48 hours prior to her scheduled appointment, as required by New Hampshire HB329.

Signed under the pains and penalties of perjury,

Signature of Parent/Guardian _____ (date)

Signature of Witness _____ (date)

If this form is completed outside of the Equality Health Center, Concord, NH, it must be signed before a Notary Public. The above witness signature is not required:

Signature and seal of Notary Public _____ (date)

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ (date) by _____ (name of person acknowledged).

Attachments:

- Copy of parent/guardian’s photo ID
- Copy of patient’s birth certificate -OR- Copy of legal guardianship documentation