

Dear Illinois Abortion Provider:

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

I certify that, I am over 21 years of age, and my relationship to _____ is:
(write the minor patient's full name here)

(Please check one) _____ 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.

Note: If you are unable to print and complete a copy of this form, you can copy it by hand and complete it. Please include all of the above noted information, or we may not be able to accept your letter.