

Abortion Certification Statements

Life of the Mother

I, _____, certify on the basis of my best clinical judgment, that
(Provider's Name)
abortion is directly and medically necessary to save the life of _____
(Recipient's Name)
of _____, for the following reasons:
(Recipient's Address)

Signature

Date

Victim of Rape or Incest

I, _____, certify that it is my belief that _____
(Provider's Name) (Recipient's Name)
of _____, was the victim of rape (or incest.)
(Recipient's Address)

Signature

Date

Grave and Long-Lasting Damage to Physical Health

I, _____, certify on the basis of my best clinical judgment, that due to an
(Provider's Name)
existing medical condition, grave, long-lasting physical health damage to _____
(Recipient's Name)
of _____, would result if the pregnancy were carried to term. The
(Recipient's Address)
following medical condition necessitates the abortion: _____

(Specific medical condition/diagnosis)

Signature

Date