



Concord Feminist Health Center

Quality ~ Compassion ~ Respect - Since 1974

CERTIFICATE OF EXEMPTION FROM 48 HOUR PARENTAL NOTICE REQUIREMENT (Completed by patient)

I, _____, hereby certify that my parent or legal guardian does not need to be given 48 hours notice of my intent to get an abortion because:

(Check one AND attach documentation)

_____ My parent/legal guardian (circle one) has signed the Acknowledgement of Parental Notification, waiving his/her right to such notice.

_____ I have completed the judicial bypass process in _____ Court located in _____, New Hampshire. A judge found me to be mature enough and/or it is in my best interest to have an abortion without notifying a parent or legal guardian.

_____ I am married/have been married (circle one).

_____ I am legally emancipated in the State of _____.

(Patient signature)

Date