Parental Consent

I, _________________________________________, am the parent/guardian of
(print name of parent/guardian*)

___________________________________________, and I know of her intent to have an
(print name of minor)

abortion and I consent to such an abortion being performed.

_____________________________________________________
(signature of parent/guardian*)

Date: __________________________

Certificate of Acknowledgement

City/County of ___________________________ Commonwealth of Virginia

The foregoing instrument was acknowledged before me this ______ day of
__________, 20_____.

By: __________________________________________________
(name of the parent/guardian*)

_____________________________________________________
Notary Public

My commission expires: _________________________________

*“Guardian” means (i) a parent or duly appointed legal guardian or custodian of the
minor or (ii) a person standing in loco parentis, including, but not limited to, a
grandparent or adult sibling with whom the minor regularly and customarily resides and
who has care and control of the minor.