



## CERTIFICATION OF AGE

Colorado law requires that any minor less than 18 years old notify her parents of her intent to have an abortion. Please certify below.

I hereby certify that:

- I am 18 years of age or older.
- I am under 18 years of age and am emancipated.
- I am under 18 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATION OF NOTICE

If you are a parent/guardian/relative of a minor and have received notice of the minor's intent to have an abortion, please complete the form below.

In compliance with Colorado law, I hereby certify that I am the parent, legal guardian or a qualified relative of \_\_\_\_\_.

I have received notice of her intent to have an abortion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If you will not be physically present at Women's Health to sign this document, please attach a copy of your driver's license or other form of identification that includes your signature.**