



Falls Church Healthcare Center
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 703-532-2500 womenfirst@fallschurchhealthcare.com
www.fallschurchhealthcare.com

**Notarized Consent Acknowledging Notice by Unemancipated Minor
 For the Commonwealth of Virginia:**

I, _____, am the lawful
 (please print name)

(circle one) parent, guardian, custodian, loco parentis of _____ .
 (print name of minor)

I have been notified of their intent to have a pregnancy terminated, and I consent to them
 having that medical procedure.

 signature of parent, guardian, custodian, loco parentis

 date

Staff Witness: _____

VIRGINIA NOTARY ACKNOWLEDGMENT

City / County of _____, Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____,

20 ____, by _____ .
 (Name of the parent, guardian, custodian or loco parentis)

Given under my hand this _____ day of _____, 20____ .

 Signature of Notarial Officer

Notary Registration Number: _____

My Commission Expires: _____

Seal: