



**Falls Church Healthcare Center**  
900 S, Washington St. #300 Falls Church, VA 22046  
703-532-2500 [womenfirst@fallschurchhealthcare.com](mailto:womenfirst@fallschurchhealthcare.com)  
[www.fallschurchhealthcare.com](http://www.fallschurchhealthcare.com)

## Consentimiento Notarizado y Notificado Por El Menor No Emancipado Para Commonwealth of Virginia:

Yo, \_\_\_\_\_, soy el legal  
(imprima su nombre)

(*circule uno*) padre, guardian, persona de custodia, familiar cercano de

\_\_\_\_\_  
(imprima el nombre de menor)

y se me ha notificado sobre su intencion de terminar su embrazo y yo le doy  
consentimiento a que este procedimiento se realice.

\_\_\_\_\_  
Firma del padre, guardian, persona de custodia o familiar cercano

\_\_\_\_\_  
fecha

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: