Parental Consent Form
for a Minor Seeking Abortion

Parental Statement:

I certify that I, ___________________________, am the parent of ________________________________
(name of parent) (minor daughter name)

and give consent for ___________________________ to perform an abortion on my daughter. I understand
(physician name)

that any person who knowingly makes a fraudulent statement in this regard commits a felony.

_________________________________________ Date: __________________________, 20______.
Signature of Parent/Managing Conservator/Guardian

I certify I have witnessed the execution of this consent by the parent.

Subscribed and sworn to before me on this ______ day of ______ day of 20_____
(day) (month)

_________________________________________ NOTARY PUBLIC in and for The State of OKLAHOMA
My commission expires: ___________________________

Required attachments:
- Copy of government-issued proof of identification
- Written documentation that establishes that he or she is the lawful parent of the pregnant female

Physician Statement:

I, ____________________________, certify that according to my best information and belief, a reasonable person under
(Physician name)
similar circumstances would rely on the information presented by both the minor and her parent as sufficient evidence

of identity.

_________________________________________ Date: __________________________, 20______.
Signature of Physician

(Parent Initials)