



Request for abortion

Act of 13 June 1975 no. 50 Relating to the Termination of Pregnancy with Amendments of 16 June 1978 no. 66.

Name	Date of birth
Address	
	Telephone

I request an abortion. I have been informed about the nature of the intervention and its medical consequences, and have been asked if I would like information and guidance on the support from society available to me should my pregnancy result in serious difficulties (cf. the Abortion Act sections 2 and 5).

Place, date	Signature
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Complete the following only if the circumstances described in the Abortion Act section 4 apply:

I, THE UNDERSIGNED, AS THE LEGAL GUARDIAN OF the above-mentioned applicant, have been made aware of this request for abortion and have received information on the nature of the intervention and its medical consequences (cf. the Abortion Act section 5).

Place, date	Signature
Address	
	Telephone