

Notarized Minor & Parental Consent

As required by K.S.A. 65-6705, if you are under 18, you must have notarized Parental Consent from one or both of your parents or your legal guardian(s) to obtain an abortion. If this causes hardship and/or you are unable to obtain parental consent a Kansas District Court judge can waive this legal requirement (“judicial bypass waiver”), generally within 48 hours, excluding Saturday or Sunday, with a court-appointed attorney at no cost to you. If you would like more information about the requirements or process for a Judicial Bypass, please speak with the patient educator.

INSTRUCTIONS:

PART I: The minor must read the information below and sign and affirm before a notary public (Part I).

PART II: The minor’s parent(s) or legal guardian(s) must read the information below, choose one of the four consent categories, and sign and affirm before a notary public (Part II).

PART I: NOTARIZED MINOR CONSENT

I understand that I, _____, the minor patient, may obtain an abortion in Kansas if I obtain the notarized consent of my parent(s)/guardian(s) or if I am granted a judicial bypass waiver. I understand that I will need my birth certificate, and either court-approved guardianship papers or other documentation proving parentage or legal guardianship of the person(s) signing below or judicial bypass waiver documentation.

Notarized minor patient’s signature

Date

State of _____

(SEAL)

(County) of _____

Signed and affirmed before me on this _____ day of _____, 20__

by _____

[Printed Name of Minor]

(Signature of notary public)

My appointment expires: _____

Part II: Notarized Parent/Guardian Consent

Parent and Guardian signatures are signed under penalties of Perjury, Kansas Statute 21-3805.

PLEASE CHOOSE ONLY ONE OF THE FOUR CATEGORIES.

- In accordance with K.S.A. 65-6705(a), we affirm upon oath that we are the parents or court-approved legal guardian(s) of _____, the minor patient, and are available to sign and notarize this consent; and we consent for our minor daughter/ward to obtain an abortion to terminate her pregnancy at her request, **OR**,

Notarized signature of mother or guardian
Date

Date

Notarized signature of father or guardian

State of _____

(County) of _____

Signed and affirmed before me on
this ____ day of ____, 20__

by _____
[Printed Name of Mother/Guardian]

(Signature of notary public)

My appointment expires: _____

(SEAL)

State of _____

(County) of _____

Signed and affirmed before me on
this ____ day of ____, 20__

by _____
[Printed Name of Father/Guardian]

(Signature of notary public)

My appointment expires: _____

(SEAL)

- In accordance with K.S.A. 65-6705(a)(1), I affirm upon oath that as the parent of _____, the minor patient, I am divorced or otherwise unmarried and living separate and apart from the minor's other natural parent, and I am the parent with primary custody, care and control over the above named minor, and I consent for my minor daughter to obtain an abortion to terminate her pregnancy at her request, **OR**

Notarized signature of primary custodial parent Date

State of _____

(SEAL)

(County) of _____

Signed and affirmed before me on this _____ day of _____, 20__

by _____
[Printed Name of Primary Custodial Parent]

(Signature of notary public)

My appointment expires: _____

In accordance with K.S.A. 65-6705(a)(2), I affirm upon oath that I am the married Father Mother of _____, the minor patient, and her other parent is not available to give notarized consent in a reasonable time and manner, and I consent for my minor daughter to obtain an abortion to terminate her pregnancy at her request, **OR**

Notarized signature of available married parent Date

State of _____ (SEAL)
(County) of _____
Signed and affirmed before me on this _____ day of _____, 20____
by _____
[Printed Name of Married Parent]

(Signature of notary public) My appointment expires: _____

In accordance with K.S.A 65-6703(a)(3), I affirm upon oath that I am the mother of _____, the minor patient, and the minor's pregnancy was caused by sexual intercourse with the minor's natural father, adoptive father, stepfather or legal guardian, and I consent for my minor daughter to obtain an abortion to terminate her pregnancy at her request. I further acknowledge that notice of these circumstances shall be reported to the proper authorities as provided in K.S.A. 2010 Supp. 38-2223, and amendment thereto.

Notarized signature of mother Date

State of _____ (SEAL)
(County) of _____
Signed and affirmed before me on this _____ day of _____, 20____
by _____
[Printed Name of Mother]

(Signature of notary public) My appointment expires: _____

THIS FORM APPLIES ONLY TO MINORS WHO ARE MISSOURI RESIDENTS

Notarized Attestation of Second Parent Notice

As required by Section 188.028, RSMo., a parent or guardian providing consent for a minor 17 years of age or younger to obtain an abortion must, in certain circumstances, notify any other custodial parent prior to the minor obtaining an abortion. **You must choose one of the following three options:**

Option 1: I hereby attest that the minor patient _____ has no other custodial parent who has been awarded joint legal custody or joint physical custody *by a court*.

[Notarized Signature of Parent or Legal Guardian]

[Date]

State of _____ (County) of _____

Signed and affirmed before me on this _____ day of _____, 20__

by _____

[Printed Name of Parent or Legal Guardian]

[Signature of Notary Public]

My appointment expires: _____

Option 2: I hereby attest that the minor patient _____ has another custodial parent who has been awarded joint legal custody or joint physical custody by a court. Notification is not required, however, because the other parent falls into one of the categories below (**check category that applies—more than one may apply**):

- _____ The other custodial parent has been found guilty of one of the following crimes in Missouri: an offense against a person (chapter 565); a sexual offense (chapter 566); an offense relating to prostitution (chapter 567); an offense against the family (chapter 568); an offense related to pornography and related offenses, if a child was the victim (chapter 573).
- _____ The other custodial parent has been found guilty of one of the following crimes in another state or country AND the victim was a child: an offense against a person (chapter 565); a sexual offense (chapter 566); an offense relating to prostitution (chapter 567); an offense against the family (chapter 568); an offense related to pornography and related offenses (chapter 573).
- _____ The other custodial parent is listed on the sexual offender registry under sections 589.400 to 589.425
- _____ An order of protection has been issued against the other custodial parent including in another state or country that would be honored in Missouri under section 455.067.
- _____ The other custodial parent has had his/her custodial, parental or guardianship rights terminated by a court.
- _____ The other custodial parent's whereabouts are unknown after reasonable inquiry.
- _____ The other custodial parent is a fugitive from justice (wanted by law enforcement officials), is in a habitually intoxicated or drugged condition, or has been declared mentally incompetent or incapacitated by a court.

[Notarized Signature of Parent or Legal Guardian]

[Date]

State of _____ (County) of _____

Signed and affirmed before me on this _____ day of _____, 20__

by _____
[Printed Name of Parent or Legal Guardian]

[Signature of Notary Public]

My appointment expires: _____

Option 3: I hereby attest that the minor patient _____ has another custodial parent who has been awarded joint legal custody or joint physical custody *by a court* and notification is required.

I hereby further attest that I, _____, the minor patient's parent or legal guardian who is providing consent for the abortion procedure, provided notice to the other custodial parent (check option that applies):

_____ By email on _____
[Date]

_____ I do not have the other custodial parent's email, so I provided notice by sending a letter by U.S. mail on _____.
[Date]

[Notarized Signature of Parent or Legal Guardian]

[Date]

State of _____ (County) of _____

Signed and affirmed before me on this _____ day of _____, 20__

by _____
[Printed Name of Parent or Legal Guardian]

[Signature of Notary Public]

My appointment expires: _____