

Dear Illinois Abortion Provider:

This letter confirms that I am aware that \_\_\_\_\_ is having an abortion.  
(write minor's name here)

I am over 21 years of age and my relationship to \_\_\_\_\_ is:  
(write minor's name here)

(check one below)

\_\_\_\_\_ I am her parent

\_\_\_\_\_ I am her grandparent

\_\_\_\_\_ I am her step-parent and I live in the same household as her

\_\_\_\_\_ I am her legal guardian

By signing below, I agree that you do not need to notify me by phone, in person, or by letter 48 hours before the abortion takes place.

Sincerely,

\_\_\_\_\_  
Signature of adult family member

\_\_\_\_\_  
Printed name of adult family member

\_\_\_\_\_  
Date