

FORM C
(See rule 8)

I _____ daughter/wife of _____ aged about _____ years of _____

_____ here state the permanent address) at present residing at _____ do hereby give my consent to the termination of my pregnancy at _____

(State the name of place where the pregnancy is to be terminated)

Place:

Date:

(To be filled in by guardian where the woman is a *mentally ill person* or minor)

I _____ son/daughter/wife of _____ aged about _____ years of _____ at present residing at(Permanent address) _____

do hereby give my consent to the termination of the pregnancy of my ward _____ who is a minor/lunatic at _____

(place of termination of my pregnancy)

Place:

Date: