**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)

*Signature*

Place:

Date:

(To be filled in by guardian where the woman is a lunatic 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 pregnancy)

*Signature*

Place:

Date: