

Information Module Certificate

I hereby attest that I have thoroughly viewed and learned from the abortion information module and have become aware and understand the information presented to me.

Following the review of the information module, I am knowledgeable to the extent of the information detailed in the module of:

1. I understand that the State of Utah prefers childbirth over abortion.
2. I understand that it is unlawful for any person to coerce a woman to undergo abortion.
3. I understand that if a physician who performs an abortion without obtaining my informed consent or without providing me a private medical consultation may be liable for damages in a civil action at law.
4. I reviewed the geographically indexed list of resources.
5. I reviewed the adoption-related expenses that may be paid and understand under what conditions they may be paid.
6. I understand the legal responsibility of the father of a child to assist in child support, even if the father has agreed to pay for an abortion.
7. I understand services are available through the Utah Office of Recovery Services, within the Department of Human Services, to establish and collect the support described in reference to the father's responsibility to support his child.
8. I understand that private adoption is legal in the state of Utah.
9. I am knowledgeable, to the extent detailed in the information module, regarding prenatal development of the embryo and fetus.
10. I am aware of my right to view an ultrasound of the unborn child, at no expense to me, upon my request.
11. I am aware of the chances of survival of an unborn child out of the womb during the different stages of the pregnancy.
12. I am aware of the possible medical risks associated with carrying a child to term.
13. I am aware of the substantial medical evidence from studies concluding that an unborn child who is at least 20 weeks gestational age may be capable of experiencing pain during an abortion procedure and the measures that are normally taken to administer anesthetic or analgesic to the unborn child.
14. I am knowledgeable of the various abortion procedures used in current medical practice and the risks associated with these procedures.
15. I am aware of the possible psychological impact of abortion.

Module Viewer

NAME:

SIGNATURE:

Witness

NAME:

SIGNATURE:

Signed on: January 15th, 2019 7:23 A.M.