

STERILIZATION AUTHORIZATION

TO WHOM IT MAY CONCERN:

The undersigned, _____, being more than eighteen years of age and of sound mind, does hereby request that an operation be performed on the body of the undersigned _____, at the _____ County _____ Hospital in _____ Kentucky. Said operation to consist of the removal, or sterilization, of sexual, or reproductive, organs of the said _____.

I am aware that sterility may or will probably result from this operation although such result has not been guaranteed. I know that a sterile person is incapable of parenthood and voluntarily consent to said operation.

I do hereby declare that I have read, or have had read to me, the foregoing request and consent so that I fully understand the same, and the nature and effect of the operation which it concerns.

IN WITNESS WHEREOF, I have signed my name to the foregoing request and consent at _____ Kentucky, this _____ day of _____, 19____.

WITNESS: _____ SIGNED: _____

Address: _____

WITNESS: _____

Address: _____