

Not to be destroyed within three years of the date of operation

## **ABORTION ACT 1967**

Certificate to be completed in relation to abortion performed  
in emergency under Section 1 (4) of the Act

I, .....  
(Name and qualifications of practitioner in block capitals)

of .....  
.....  
(Full address of practitioner)

hereby certify that I \*am/was of the opinion formed in good faith that it \*is/was necessary immediately  
to terminate the pregnancy of

.....  
(Full name of pregnant woman in block capitals)

of .....  
.....  
(Usual place of residence of pregnant woman in block capitals)

(Ring  
appropriate  
number)

- in order: 1. to save the life of the pregnant woman; or  
2. to prevent grave permanent injury to the physical or mental health of the  
pregnant woman.

This certificate of opinion is given:

(Ring  
appropriate  
letter)

- A. before the commencement of the treatment for the termination of the  
pregnancy to which it relates; or, if that is not reasonably practicable, then  
B. not later than 24 hours after such termination.

Signed .....

Date .....