Non-Circumcision Notification Form

ATTENTION:
Maternal-Infant Care Staff, Physicians, Nurses and other personnel at:

(Facility Name):_______________________________________________________

(Address:)____________________________________________________________

We/I/My spouse plan/s to use your maternal care facility for the birth of our baby/babies, and hereby notify you that our/my/her child/ren if male is/are NOT TO BE CIRCUMCISED under any circumstances.

We/I further direct that no attempt be made by anyone at this facility to stretch, retract or otherwise manipulate our son’s prepuce (foreskin).

To avoid any possible error, we/I direct that the mother’s chart be immediately marked upon admission, that the child’s chart if male be marked immediately after birth, and that his nursery crib be very clearly marked:

THIS BABY MUST NOT BE CIRCUMCISED OR HAVE HIS FORESKIN RETRACTED

IMPORTANT: We/I trust that these directions will be honored. Should any portion of this notice be disregarded, however, or should this child be circumcised based on any consent form not bearing all the signatures below, we/I reserve the right to take appropriate legal action/s. This document becomes legally binding with at least one signature below.

<table>
<thead>
<tr>
<th>Signature No. 1:</th>
<th>Signature No. 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X________________</td>
<td>X________________</td>
</tr>
<tr>
<td>Name:_____________</td>
<td>Name:_____________</td>
</tr>
<tr>
<td>Relationship to child: (circle one)</td>
<td>Relationship to child: (circle one)</td>
</tr>
<tr>
<td>Mother    Father    Co-Parent    Legal Guardian</td>
<td>Mother    Father    Co-Parent    Legal Guardian</td>
</tr>
<tr>
<td>Date:________________</td>
<td>Date:________________</td>
</tr>
</tbody>
</table>

Seen by (name):________________   (Signature:)________________
Representing the facility on (date:)

Photocopy the signed document and keep a copy.

Form based on that of the National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARMM) PO Box 460795, San Francisco CA 94146, Tel 415.826.9351 Fax 305.768.5967
Downloaded from www.circumstitions.com
This page should be printed on to adhesive-backed paper.

Stick one of these to the baby's bassinet:

Stick these to consent forms for any medical procedures:

Downloaded from www.circumstitions.com