

Signature: _____

Date : _____ (time, month, day, year)

NOTICE: You are requested to supply the following information, but it is not required.

Race/Ethnicity Designation (please check one)

- Black (not Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- White (not Hispanic origin)

INTERPRETER'S STATEMENT:

I have translated the information and advice presented orally to the individual to be sterilized, _____, by the individual obtaining this consent. I have also read the consent form to _____ in _____ language and explained its contents. To the best of my knowledge and belief _____ understood this explanation.

Interpreter Signature: _____ Date: _____

STATEMENT OF PERSON OBTAINING CONSENT

Before _____ signed this consent form, I explained to _____ the nature of the sterilization operation, the fact that it is intended to be a final and irreversible procedure, and the discomforts, risks and benefits associated with it. I counseled _____ that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed _____ that consent can be withdrawn at any time and that no health services or benefits provided by federal funds will be lost.

To the best of my knowledge and belief _____ is at least 21 years old and appears mentally competent. _____ knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

Signature of person obtaining consent: _____

Date : _____ (month, day, year]

Facility: _____

Address: _____