

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.

Signature No. 1: X _____ Name: _____ Relationship to child: (circle one) Mother Father Co-Parent Legal Guardian Date: _____	Signature No. 2: X _____ Name: _____ Relationship to child: (circle one) Mother Father Co-Parent Legal Guardian Date: _____
Seen by (name): _____ (Signature:) _____ representing the facility Position: _____ on (date:) _____	

Photocopy the signed document and keep a copy.

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:

