

4.6.1 Consent of Husband

As the husband, I consent to the course of the treatment outlined above. I understand that I will become the legal father of any resulting child, and that the child will have all the normal legal rights on me.

Name, Address & Signature : _____
(Husband)

Name, Address and Signature
of the witness from the clinic: _____

Name and Signature of the Doctor: _____

Dated