

Certificate of Creditorship

I, _____, do hereby certify that I am pregnant with the offspring of _____
NAME OF PROGENITRIX NAME OF PROGENITOR

and that each of us owes our offspring a debt of support. I have begun paying my debt, and he is due to begin paying his debt on _____. I request that no portion of our debts be forgiven if someone was to kill our offspring by abortion or otherwise, but that the debts of support instead be converted into reimbursement for wrongful death, payable to the caretaker(s) of the following child(ren):

Beneficiary	Address (if known)	Percentage
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

If a person was to kill our offspring by elective abortion, that is, an abortion which I freely chose to procure, then the progenitor and I shall share the liability to pay the entire reimbursement, unless I am pregnant by rape, in which case I would not be liable for any portion of the reimbursement, since victims of rape do not incur any liability in the first place. *(This ensures that I will not be tempted to get an abortion unless I am pregnant by rape.)*

If a person was to kill our offspring by forcing me to get an abortion, then said person shall be liable for the entire reimbursement. *(This ensures that nobody will be tempted to force me to get an abortion.)*

If a person was to kill our offspring by homicide or double homicide and the killer is not identified, then the progenitor shall be liable for the entire reimbursement, or as much of it as possible, depending on his ability to prove his innocence. *(This ensures that nobody will be tempted to either kill us or hire a hitman to kill us.)*

If someone was to kill our offspring by homicide or double homicide and the killer is identified, then the killer shall be liable for the entire reimbursement, unless he or she is sentenced to prison or death, in which case, no reimbursement shall be paid. *(This is an exception for random acts of homicide.)*

Signed in the city of _____, _____

X _____
SIGNATURE OF PROGENITRIX DATE

X _____
SIGNATURE OF PHYSICIAN DATE

WARNING: YOU MAY WANT TO REFRAIN FROM TELLING THE PROGENITOR ABOUT YOUR PREGNANCY UNTIL YOU HAVE SUBMITTED PROOF OF PATERNITY IN THE FORM OF A BLOOD SAMPLE, WHICH YOU MAY SUBMIT AS EARLY AS 7 WEEKS GESTATION.