

Certificate of Pregnancy

This is to certify that I, _____, am pregnant with the offspring of _____, that I am of sound mind, and that I wish to protect the lives of my offspring and I by requiring the child support, which is owed to him/her, be paid even if someone was to kill him/her by abortion or otherwise. If someone was to kill him/her, then debt payments shall go towards the welfare of the following minors:

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

If my offspring is killed by the exercise of my free will to get an abortion, then I and the progenitor of my offspring shall share in the payment of the child support debt, unless I am a victim of rape, in which case I would not be responsible for any portion of his child support debt, regardless of whether his debts are converted into a prison sentence, also known as a "debt to society."

If my offspring is killed by forced abortion, then the person or persons who forced me to get an abortion shall pay the child support debt.

If my offspring is killed by homicide or double homicide without the killer being identified, then the progenitor of my offspring shall pay as much of the child support debt as the judge determines he is obliged to pay.

If my offspring is killed by homicide or double homicide with the killer being identified, then the killer shall assume the child support debt and the judge shall determine whether to convert the killer's debts into a prison or death sentence.

Signed in the city of _____, _____ on this _____ day of _____ in the year _____

X _____
PREGNANT PATIENT

X _____
OBGYN

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 CAN SUBMIT AS EARLY AS 7 WEEKS GESTATION.