OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
7 Eagle Square
Concord, N.H. 03301
Telephone 603-271-2219 · Fax 603-271-6990

NEW HAMPSHIRE MIDWIFERY COUNCIL INFORMED CONSENT FORM FOR OUT-OF-HOSPITAL VAGINAL BIRTH AFTER CESAREAN SECTION (VBAC)

To be completed by the New Hampshire Midwife:

Name of midwife: _

Business address of midwife: _

Name of birth center, if birth is to take place in a freestanding birth center: _

_____	_____	_____
Signature of Midwife	Certification Number	Date

Client signature:

_____	_____	_____
Signature of Client	Printed Name of Client	Date

Witness signature:

_____	_____	_____
Signature of Witness	Printed Name of Witness	Date