

## State of New Hampshire OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF LICENSING AND BOARD ADMINISTRATION 7 Eagle Square, Concord, NH 03301-4980 Phone: 603-271-2152

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

To be completed by the New H	ampshire Midwife:	
Name of midwife:		
Business address of midwife: _		
Name of birth center, if birth is t place in a freestanding birth cent	o take er:	
Signature of Midwife	Certification Number	Date
<u>Client signature:</u>		
Signature of Client	Printed Name of Client	Date
<u>Witness signature:</u>		
Signature of Witness	Printed Name of Witness	Date

Eff. 10/2016