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DECLARATION OF SINGLE LEGAL GUARDIAN

I, (Name and DOB)

Mother / Father of (Baby's Name and DOB)

Declare that I have sole custody of my son. After considering the risks, benefits, and alternatives, I hereby consent for my son to have circumcision done by Dr. Roland Sing.

Signed on: _____

Signature(s): _____

Witness: _____

Print Witness Name: _____