

AN ACT

To amend sections 2317.56, 3701.341, and 3701.79 and to enact sections 3726.01, 3726.02, 3726.03, 3726.04, 3726.041, 3726.042, 3726.05, 3726.09, 3726.10, 3726.11, 3726.12, 3726.13, 3726.14, 3726.15, 3726.16, 3726.95, 3726.99, and 4717.271 of the Revised Code to impose requirements on the final disposition of fetal remains from surgical abortions.

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That sections 2317.56, 3701.341, and 3701.79 be amended and sections 3726.01, 3726.02, 3726.03, 3726.04, 3726.041, 3726.042, 3726.05, 3726.09, 3726.10, 3726.11, 3726.12, 3726.13, 3726.14, 3726.15, 3726.16, 3726.95, 3726.99, and 4717.271 of the Revised Code be enacted to read as follows:

Sec. 2317.56. (A) As used in this section:

(1) "Medical emergency" has the same meaning as in section 2919.16 of the Revised Code.

(2) "Medical necessity" means a medical condition of a pregnant woman that, in the reasonable judgment of the physician who is attending the woman, so complicates the pregnancy that it necessitates the immediate performance or inducement of an abortion.

(3) "Probable gestational age of the zygote, blastocyte, embryo, or fetus" means the gestational age that, in the judgment of a physician, is, with reasonable probability, the gestational age of the zygote, blastocyte, embryo, or fetus at the time that the physician informs a pregnant woman pursuant to division (B)(1)(b) of this section.

(B) Except when there is a medical emergency or medical necessity, an abortion shall be performed or induced only if all of the following conditions are satisfied:

(1) At least twenty-four hours prior to the performance or inducement of the abortion, a physician meets with the pregnant woman in person in an individual, private setting and gives her an adequate opportunity to ask questions about the abortion that will be performed or induced. At this meeting, the physician shall inform the pregnant woman, verbally or, if she is hearing impaired, by other means of communication, of all of the following:

(a) The nature and purpose of the particular abortion procedure to be used and the medical risks associated with that procedure;

(b) The probable gestational age of the zygote, blastocyte, embryo, or fetus;

(c) The medical risks associated with the pregnant woman carrying the pregnancy to term.

The meeting need not occur at the facility where the abortion is to be performed or induced, and the physician involved in the meeting need not be affiliated with that facility or with the physician who is scheduled to perform or induce the abortion.

(2) At least twenty-four hours prior to the performance or inducement of the abortion, the

physician who is to perform or induce the abortion or the physician's agent does each of the following in person, by telephone, by certified mail, return receipt requested, or by regular mail evidenced by a certificate of mailing:

(a) Inform the pregnant woman of the name of the physician who is scheduled to perform or induce the abortion;

(b) Give the pregnant woman copies of the published materials described in division (C) of this section;

(c) Inform the pregnant woman that the materials given pursuant to division (B)(2)(b) of this section are published by the state and that they describe the zygote, blastocyte, embryo, or fetus and list agencies that offer alternatives to abortion. The pregnant woman may choose to examine or not to examine the materials. A physician or an agent of a physician may choose to be disassociated from the materials and may choose to comment or not comment on the materials.

(3) If it has been determined that the unborn human individual the pregnant woman is carrying has a detectable fetal heartbeat, the physician who is to perform or induce the abortion shall comply with the informed consent requirements in section 2919.194 of the Revised Code in addition to complying with the informed consent requirements in divisions (B)(1), (2), (4), and (5) of this section.

(4) Prior to the performance or inducement of the abortion, the pregnant woman signs a form consenting to the abortion and certifies ~~both~~ all of the following on that form:

(a) She has received the information and materials described in divisions (B)(1) and (2) of this section, and her questions about the abortion that will be performed or induced have been answered in a satisfactory manner.

(b) She consents to the particular abortion voluntarily, knowingly, intelligently, and without coercion by any person, and she is not under the influence of any drug of abuse or alcohol.

(c) If the abortion will be performed or induced surgically, she has been provided with the notification form described in division (A) of section 3726.14 of the Revised Code.

(d) If the abortion will be performed or induced surgically and she desires to exercise the rights under division (A) of section 3726.03 of the Revised Code, she has completed the disposition determination under section 3726.04 or 3726.041 of the Revised Code.

A form shall be completed for each zygote, blastocyte, embryo, or fetus to be aborted. If a pregnant woman is carrying more than one zygote, blastocyte, embryo, or fetus, she shall sign a form for each zygote, blastocyte, embryo, or fetus to be aborted.

The form shall contain the name and contact information of the physician who provided to the pregnant woman the information described in division (B)(1) of this section.

(5) Prior to the performance or inducement of the abortion, the physician who is scheduled to perform or induce the abortion or the physician's agent receives a copy of the pregnant woman's signed form on which she consents to the abortion and that includes the certification required by division (B)(4) of this section.

(C) The department of health shall publish in English and in Spanish, in a typeface large enough to be clearly legible, and in an easily comprehensible format, the following materials on the department's web site:

(1) Materials that inform the pregnant woman about family planning information, of publicly

funded agencies that are available to assist in family planning, and of public and private agencies and services that are available to assist her through the pregnancy, upon childbirth, and while the child is dependent, including, but not limited to, adoption agencies. The materials shall be geographically indexed; include a comprehensive list of the available agencies, a description of the services offered by the agencies, and the telephone numbers and addresses of the agencies; and inform the pregnant woman about available medical assistance benefits for prenatal care, childbirth, and neonatal care and about the support obligations of the father of a child who is born alive. The department shall ensure that the materials described in division (C)(1) of this section are comprehensive and do not directly or indirectly promote, exclude, or discourage the use of any agency or service described in this division.

(2) Materials that inform the pregnant woman of the probable anatomical and physiological characteristics of the zygote, blastocyte, embryo, or fetus at two-week gestational increments for the first sixteen weeks of pregnancy and at four-week gestational increments from the seventeenth week of pregnancy to full term, including any relevant information regarding the time at which the fetus possibly would be viable. The department shall cause these materials to be published after it consults with independent health care experts relative to the probable anatomical and physiological characteristics of a zygote, blastocyte, embryo, or fetus at the various gestational increments. The materials shall use language that is understandable by the average person who is not medically trained, shall be objective and nonjudgmental, and shall include only accurate scientific information about the zygote, blastocyte, embryo, or fetus at the various gestational increments. If the materials use a pictorial, photographic, or other depiction to provide information regarding the zygote, blastocyte, embryo, or fetus, the materials shall include, in a conspicuous manner, a scale or other explanation that is understandable by the average person and that can be used to determine the actual size of the zygote, blastocyte, embryo, or fetus at a particular gestational increment as contrasted with the depicted size of the zygote, blastocyte, embryo, or fetus at that gestational increment.

(D) Upon the submission of a request to the department of health by any person, hospital, physician, or medical facility for one copy of the materials published in accordance with division (C) of this section, the department shall make the requested copy of the materials available to the person, hospital, physician, or medical facility that requested the copy.

(E) If a medical emergency or medical necessity compels the performance or inducement of an abortion, the physician who will perform or induce the abortion, prior to its performance or inducement if possible, shall inform the pregnant woman of the medical indications supporting the physician's judgment that an immediate abortion is necessary. Any physician who performs or induces an abortion without the prior satisfaction of the conditions specified in division (B) of this section because of a medical emergency or medical necessity shall enter the reasons for the conclusion that a medical emergency or medical necessity exists in the medical record of the pregnant woman.

(F) If the conditions specified in division (B) of this section are satisfied, consent to an abortion shall be presumed to be valid and effective.

(G) The performance or inducement of an abortion without the prior satisfaction of the conditions specified in division (B) of this section does not constitute, and shall not be construed as constituting, a violation of division (A) of section 2919.12 of the Revised Code. The failure of a

physician to satisfy the conditions of division (B) of this section prior to performing or inducing an abortion upon a pregnant woman may be the basis of both of the following:

(1) A civil action for compensatory and exemplary damages as described in division (H) of this section;

(2) Disciplinary action under section 4731.22 of the Revised Code.

(H)(1) Subject to divisions (H)(2) and (3) of this section, any physician who performs or induces an abortion with actual knowledge that the conditions specified in division (B) of this section have not been satisfied or with a heedless indifference as to whether those conditions have been satisfied is liable in compensatory and exemplary damages in a civil action to any person, or the representative of the estate of any person, who sustains injury, death, or loss to person or property as a result of the failure to satisfy those conditions. In the civil action, the court additionally may enter any injunctive or other equitable relief that it considers appropriate.

(2) The following shall be affirmative defenses in a civil action authorized by division (H)(1) of this section:

(a) The physician performed or induced the abortion under the circumstances described in division (E) of this section.

(b) The physician made a good faith effort to satisfy the conditions specified in division (B) of this section.

(3) An employer or other principal is not liable in damages in a civil action authorized by division (H)(1) of this section on the basis of the doctrine of respondeat superior unless either of the following applies:

(a) The employer or other principal had actual knowledge or, by the exercise of reasonable diligence, should have known that an employee or agent performed or induced an abortion with actual knowledge that the conditions specified in division (B) of this section had not been satisfied or with a heedless indifference as to whether those conditions had been satisfied.

(b) The employer or other principal negligently failed to secure the compliance of an employee or agent with division (B) of this section.

(4) Notwithstanding division (E) of section 2919.12 of the Revised Code, the civil action authorized by division (H)(1) of this section shall be the exclusive civil remedy for persons, or the representatives of estates of persons, who allegedly sustain injury, death, or loss to person or property as a result of a failure to satisfy the conditions specified in division (B) of this section.

(I) The department of job and family services shall prepare and conduct a public information program to inform women of all available governmental programs and agencies that provide services or assistance for family planning, prenatal care, child care, or alternatives to abortion.

Sec. 3701.341. (A) The director of health, pursuant to Chapter 119. and consistent with Chapter 3726. and section 2317.56 of the Revised Code, shall adopt rules relating to abortions and the following subjects:

(1) Post-abortion procedures to protect the health of the pregnant woman;

(2) Pathological reports;

(3) Humane disposition of the product of human conception;

(4) Counseling.

(B) The director of health shall implement the rules and shall apply to the court of common

pleas for temporary or permanent injunctions restraining a violation or threatened violation of the rules. This action is an additional remedy not dependent on the adequacy of the remedy at law.

Sec. 3701.79. (A) As used in this section:

(1) "Abortion" has the same meaning as in section 2919.11 of the Revised Code.

(2) "Abortion report" means a form completed pursuant to division (C) of this section.

(3) "Ambulatory surgical facility" has the same meaning as in section 3702.30 of the Revised Code.

(4) "Department" means the department of health.

(5) "Hospital" means any building, structure, institution, or place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, and medical or surgical care for three or more unrelated individuals suffering from illness, disease, injury, or deformity, and regularly making available at least clinical laboratory services, diagnostic x-ray services, treatment facilities for surgery or obstetrical care, or other definitive medical treatment. "Hospital" does not include a "home" as defined in section 3721.01 of the Revised Code.

(6) "Physician's office" means an office or portion of an office that is used to provide medical or surgical services to the physician's patients. "Physician's office" does not mean an ambulatory surgical facility, a hospital, or a hospital emergency department.

(7) "Postabortion care" means care given after the uterus has been evacuated by abortion.

(B) The department shall be responsible for collecting and collating abortion data reported to the department as required by this section.

(C) The attending physician shall complete an individual abortion report for ~~each~~ the abortion of each zygote, blastocyte, embryo, or fetus the physician performs ~~upon a woman~~. The report shall be confidential and shall not contain the woman's name. The report shall include, but is not limited to, all of the following, insofar as the patient makes the data available that is not within the physician's knowledge:

(1) Patient number;

(2) The name and address of the facility in which the abortion was performed, and whether the facility is a hospital, ambulatory surgical facility, physician's office, or other facility;

(3) The date of the abortion;

(4) If a surgical abortion, the method of final disposition of the fetal remains under Chapter 3726. of the Revised Code;

(5) All of the following regarding the woman on whom the abortion was performed:

(a) Zip code of residence;

(b) Age;

(c) Race;

(d) Marital status;

(e) Number of previous pregnancies;

(f) Years of education;

(g) Number of living children;

(h) Number of zygotes, blastocytes, embryos, or fetuses previously ~~induced abortions~~ aborted;

(i) Date of last induced abortion;

- (j) Date of last live birth;
- (k) Method of contraception at the time of conception;
- (l) Date of the first day of the last menstrual period;
- (m) Medical condition at the time of the abortion;
- (n) Rh-type;
- (o) The number of weeks of gestation at the time of the abortion.
- ~~(5)-(6)~~ The type of abortion procedure performed;
- ~~(6)-(7)~~ Complications by type;
- ~~(7)-(8)~~ Written acknowledgment by the attending physician that the pregnant woman is not seeking the abortion, in whole or in part, because of any of the following:
 - (a) A test result indicating Down syndrome in an unborn child;
 - (b) A prenatal diagnosis of Down syndrome in an unborn child;
 - (c) Any other reason to believe that an unborn child has Down syndrome.
- ~~(8)-(9)~~ Type of procedure performed after the abortion;
- ~~(9)-(10)~~ Type of family planning recommended;
- ~~(10)-(11)~~ Type of additional counseling given;
- ~~(11)-(12)~~ Signature of attending physician.
- (D) The physician who completed the abortion report under division (C) of this section shall submit the abortion report to the department within fifteen days after the woman is discharged.
- (E) The appropriate vital records report or certificate shall be made out after the twentieth week of gestation.
- (F) A copy of the abortion report shall be made part of the medical record of the patient of the facility in which the abortion was performed.
- (G) Each hospital shall file monthly and annual reports listing the total number of women who have undergone a post-twelve-week-gestation abortion and received postabortion care. The annual report shall be filed following the conclusion of the state's fiscal year. Each report shall be filed within thirty days after the end of the applicable reporting period.
- (H) Each case in which a physician treats a post abortion complication shall be reported on a postabortion complication form. The report shall be made upon a form prescribed by the department, shall be signed by the attending physician, and shall be confidential.
- (I)(1) Not later than the first day of October of each year, the department shall issue an annual report of the abortion data reported to the department for the previous calendar year as required by this section. The annual report shall include at least the following information:
 - (a) The total number of ~~induced abortions~~ zygotes, blastocytes, embryos, or fetuses that were aborted;
 - (b) The number of abortions performed on Ohio and out-of-state residents;
 - (c) The number of abortions performed, sorted by each of the following:
 - (i) The age of the woman on whom the abortion was performed, using the following categories: under fifteen years of age, fifteen to nineteen years of age, twenty to twenty-four years of age, twenty-five to twenty-nine years of age, thirty to thirty-four years of age, thirty-five to thirty-nine years of age, forty to forty-four years of age, forty-five years of age or older;
 - (ii) The race and Hispanic ethnicity of the woman on whom the abortion was performed;

(iii) The education level of the woman on whom the abortion was performed, using the following categories or their equivalents: less than ninth grade, ninth through twelfth grade, one or more years of college;

(iv) The marital status of the woman on whom the abortion was performed;

(v) The number of living children of the woman on whom the abortion was performed, using the following categories: none, one, or two or more;

(vi) The number of weeks of gestation of the woman at the time the abortion was performed, using the following categories: less than nine weeks, nine to twelve weeks, thirteen to nineteen weeks, or twenty weeks or more;

(vii) The county in which the abortion was performed;

(viii) The type of abortion procedure performed;

(ix) The number of ~~abortions~~ zygotes, blastocytes, embryos, or fetuses previously performed on ~~aborted by~~ the woman on whom the abortion was performed;

(x) The type of facility in which the abortion was performed;

(xi) For Ohio residents, the county of residence of the woman on whom the abortion was performed.

(2) The report also shall indicate the number and type of the abortion complications reported to the department either on the abortion report required under division (C) of this section or the postabortion complication report required under division (H) of this section.

(3) In addition to the annual report required under division (I)(1) of this section, the department shall make available, on request, the number of abortions performed by zip code of residence.

(J) The director of health shall implement this section and shall apply to the court of common pleas for temporary or permanent injunctions restraining a violation or threatened violation of its requirements. This action is an additional remedy not dependent on the adequacy of the remedy at law.

Sec. 3726.01. As used in this chapter:

(A) "Abortion facility" means any of the following in which abortions are induced or performed:

(1) Ambulatory surgical facility as defined in section 3702.30 of the Revised Code;

(2) Any other facility in which abortion is legally provided.

(B) "Cremation" has the same meaning as in section 4717.01 of the Revised Code.

(C) "Fetal remains" means the product of human conception that has been aborted. If a woman is carrying more than one zygote, blastocyte, embryo, or fetus, such as in the incidence of twins or triplets, each zygote, blastocyte, embryo, or fetus or any of its parts that is aborted is a separate product of human conception that has been aborted.

(D) "Interment" means the burial or entombment of fetal remains.

Sec. 3726.02. (A) Final disposition of fetal remains from a surgical abortion at an abortion facility shall be by cremation or interment.

(B) The cremation of fetal remains under division (A) of this section shall be in a crematory facility, in compliance with Chapter 4717. of the Revised Code.

(C) As used in this section, "crematory facility" has the same meaning as in section 4717.01

of the Revised Code.

Sec. 3726.03. (A) A pregnant woman who has a surgical abortion has the right to determine both of the following regarding the fetal remains:

(1) Whether the final disposition shall be by cremation or interment;

(2) The location for the final disposition.

(B) A pregnant woman who has a surgical abortion shall be provided with a notification form described in division (A) of section 3726.14 of the Revised Code.

Sec. 3726.04. (A)(1) If a pregnant woman desires to exercise the rights under division (A) of section 3726.03 of the Revised Code, she shall make the determination in writing using a form prescribed by the director of health under division (C) of section 3726.14 of the Revised Code. The determination must clearly indicate both of the following:

(a) Whether the final disposition will be by cremation or interment;

(b) Whether the final disposition will be at a location other than one provided by the abortion facility.

(2) If a pregnant woman does not desire to exercise the rights under division (A) of section 3726.03 of the Revised Code, the abortion facility shall determine whether final disposition shall be by cremation or interment.

(B)(1) A pregnant woman who is under eighteen years of age, unmarried, and unemancipated shall obtain parental consent from one of the person's parents, guardian, or custodian to the final disposition determination she makes under division (A)(1) of this section. The consent shall be made in writing using a form prescribed by the director under division (B) of section 3726.14 of the Revised Code.

(2) The consent under division (B)(1) of this section is not required for a pregnant woman exercising her rights under division (A) of section 3726.03 of the Revised Code if an order authorizing the minor to consent, or the court to consent on behalf of the minor, to the abortion was issued under section 2151.85 or division (C) of section 2919.121 of the Revised Code.

Sec. 3726.041. (A) A pregnant woman who is carrying more than one zygote, blastocyte, embryo, or fetus, who desires to exercise the rights under division (A) of section 3726.03 of the Revised Code, shall complete one form under division (A)(1) of section 3726.04 of the Revised Code for each zygote, blastocyte, embryo, or fetus that will be aborted.

(B) A pregnant woman who obtains parental consent under division (B)(1) of section 3726.04 of the Revised Code shall use one consent form for each zygote, blastocyte, embryo, or fetus that will be aborted.

Sec. 3726.042. A form used under section 3726.04 of the Revised Code that covers more than one zygote, blastocyte, embryo, or fetus that will be aborted is invalid.

Sec. 3726.05. An abortion facility may not release fetal remains from a surgical abortion, or arrange for the cremation or interment of such fetal remains, until it obtains a final disposition determination made, and if applicable, the consent made, under section 3726.04 or 3726.041 of the Revised Code.

Sec. 3726.09. (A) Except as provided in division (B) of this section, an abortion facility shall pay for and provide for the cremation or interment of the fetal remains from a surgical abortion performed at that facility.

(B) If the disposition determination made under division (A)(1) of section 3726.04 or 3726.041 of the Revised Code identifies a location for final disposition other than one provided by the abortion facility, the pregnant woman is responsible for the costs related to the final disposition of the fetal remains at the chosen location.

Sec. 3726.10. An abortion facility shall document in the pregnant woman's medical record the final disposition determination made, and if applicable, the consent made, under section 3726.04 or 3726.041 of the Revised Code.

Sec. 3726.11. An abortion facility shall maintain evidentiary documentation demonstrating the date and method of the disposition of fetal remains from surgical abortions performed or induced in the facility.

Sec. 3726.12. An abortion facility shall have written policies and procedures regarding cremation or interment of fetal remains from surgical abortions performed or induced in the facility.

Sec. 3726.13. An abortion facility shall develop and maintain a written list of locations at which it provides or arranges for the final disposition of fetal remains from surgical abortions.

Sec. 3726.14. Not later than ninety days after the effective date of this section, the director of health, in accordance with Chapter 119. of the Revised Code, shall adopt rules necessary to carry out sections 3726.01 to 3726.13 of the Revised Code, including rules that prescribe the following:

(A) The notification form informing pregnant women who seek surgical abortions of the following:

(1) The right to determine final disposition of fetal remains under division (A) of section 3726.03 of the Revised Code;

(2) The available options for locations and methods for the disposition of fetal remains.

(B) The consent form for purposes of section 3726.04 or 3726.041 of the Revised Code;

(C)(1) A detachable supplemental form to the form described in division (B)(4) of section 2317.56 of the Revised Code that meets the following requirements:

(a) Indicates whether the pregnant woman has indicated a preference as to the method of disposition of the fetal remains and the preferred method selected;

(b) Indicates whether the pregnant woman has indicated a preference as to the location of disposition of the fetal remains;

(c) Provides for the signature of the physician who is to perform or induce the abortion;

(d) Provides for a medical identification number for the pregnant woman but does not provide for the pregnant woman's printed name or signature.

(2) If a medical emergency or medical necessity prevents the pregnant woman from completing the detachable supplemental form, procedures to complete that form a reasonable time after the medical emergency or medical necessity has ended.

Sec. 3726.15. A person who buries or cremates fetal remains from a surgical abortion is not liable for or subject to damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action related to the disposal of fetal remains, if that person does all of the following:

(A) Acts in good faith compliance with this chapter and, if applicable, section 4717.271 of the Revised Code;

(B) Receives a copy of a properly executed detachable supplemental form described in

division (C)(1) of section 3726.14 of the Revised Code;

(C) Acts in furtherance of the final disposition of the fetal remains.

Sec. 3726.16. Except for the requirements of section 3705.20 of the Revised Code, no conflicting provision of the Revised Code or conflicting procedure of an agency or board shall apply regarding a person who buries or cremates fetal remains in accordance with section 3726.15 of the Revised Code.

Sec. 3726.95. A pregnant woman who has a surgical abortion, the fetal remains from which are not disposed of in compliance with this chapter, is not guilty of committing, attempting to commit, complicity in the commission of, or conspiracy in the commission of a violation of section 3726.99 of the Revised Code.

Sec. 3726.99. (A) No person shall fail to comply with section 3726.02, 3726.05, 3726.10, or 3726.11 of the Revised Code.

(B) Whoever knowingly violates division (A) of this section is guilty of failure to dispose of fetal remains humanely, a misdemeanor of the first degree.

Sec. 4717.271. The following applies to a crematory operator that cremates fetal remains for an abortion facility under Chapter 3726. of the Revised Code.

(A) A crematory operator shall not do any of the following:

(1) Cremate fetal remains without receiving a copy of a properly executed detachable supplemental form described in division (C)(1) of section 3726.14 of the Revised Code;

(2) Dispose of the cremated fetal remains by a means other than one of the following:

(a) Placing them in a grave, crypt, or niche;

(b) Scattering them in any dignified manner, including in a memorial garden, at sea, by air, or at a scattering ground described in section 1721.21 of the Revised Code;

(c) Any other lawful manner.

(3) Arrange for the disposal of the cremated fetal remains by a means other than one described in division (A)(2) of this section;

(4) Arrange for the transfer of the cremated fetal remains for disposal by a means other than one described in division (A)(2) of this section.

(B) A crematory operator is not required to secure a death certificate, a burial or burial-transit permit, or a cremation authorization form to cremate fetal remains.

SECTION 2. That existing sections 2317.56, 3701.341, and 3701.79 of the Revised Code are hereby repealed.

SECTION 3. Neither of the following shall apply until rules are adopted under section 3726.14 of the Revised Code:

(A) The prohibition under section 3726.99 of the Revised Code;

(B) The prohibitions under division (A) of section 4717.271 of the Revised Code.

Speaker _____ *of the House of Representatives.*

President _____ *of the Senate.*

Passed _____, 20____

Approved _____, 20____

Governor.

The section numbering of law of a general and permanent nature is complete and in conformity with the Revised Code.

Director, Legislative Service Commission.

Filed in the office of the Secretary of State at Columbus, Ohio, on the ____ day of _____, A. D. 20____.

Secretary of State.

File No. _____ Effective Date _____