

Dear Candidate:

It is our pleasure to invite you to apply for Georgia Life Alliance's Pro-Life Certification. Georgia Life Alliance is the National Right to Life affiliate for Georgia. Our mission is to grow a culture of life in Georgia by working with individuals and organizations who value the sanctity and dignity of human life – from conception to natural death.

Georgia Life Alliance Committee (GLAC) offers an official "Pro-Life Certification" for those candidates seeking to retain public office or to be elected for the first time. For new candidates, we might request to conduct an interview regarding your additional qualifications for certification. All candidates who seek the GLAC Pro-Life Certification and are granted certification must agree to GLA's Terms of Use on page three of this document prior to receiving the our seal. **Applications must be completed, signed, initialed by the CANDIDATE ONLY, not a staffer, consultant, campaign aide, or volunteer.**

In addition to issuing a Pro-Life Certification:

1. GLAC will post a copy of your original questionnaire (the last three pages of this document only) for viewing on our website and alert our followers to this information.
2. GLAC will issue you a Certified Pro-Life Seal.
3. GLAC may issue a press release with information regarding your certification.
4. GLAC will use social media to promote your certification and any thing you do or post that shows your commitment to and the importance of the sanctity of human life; including, but not limited to abortion, foster care, adoption, human trafficking, and euthanasia. *Please tag us in your social media.*
5. GLAC may conduct a video interview with you to allow you to tell your story and promote to our audience your commitment to building a pro-life culture.

Please complete this document in full, including your signature, and return via email to [info@georgialifealliance.com](mailto:info@georgialifealliance.com). You may also submit the original via mail to Georgia Life Alliance Committee 2451 Cumberland Pkwy, Suite 3205, Atlanta, GA 30339. Please note that mail-only submissions will result in a slight delay to your application process.

We hope you will find affiliation with Georgia Life Alliance and National Right to Life to be an essential part of developing your identity as an ideal candidate in Georgia. Please contact us with any questions: [info@georgialifealliance.com](mailto:info@georgialifealliance.com) or 678-597-8055.

For Life,

Claire Bartlett  
Executive Director

**P.S.**

The Pro-Life Certification Program is a thorough and rigorous process that *requires considerable administrative resources*. **Please consider making a non-tax-deductible gift to cover our administrative costs to Georgia Life Alliance Committee, a 501(c)(4) organization: <https://georgialifealliance.com/donate>**



GEORGIA CANDIDATE  
PRO-LIFE CERTIFICATION APPLICATION

---

**Please complete the following information:**

---

Full legal name of candidate

Preferred name

---

Campaign name and address

---

Office you are seeking

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Are you an incumbent?

---

Have you ever been elected before? If so, please list office(s) and term(s) you served.

---

Home address of candidate (this will not be disclosed)

County

---

Phone number to contact candidate

Email

**Please answer the following questions (you may use additional paper if necessary):**

**Incumbent** - If you have held public office previously and sponsored and/or voted on pro-life legislation, please provide any details or commentary regarding your sponsorship or voting that you deem helpful in explaining your commitment to support pro-life laws:

---

---

---

---

---

---

**Non-Incumbent** - Please provide additional information to support your position as a pro-life candidate. Information may be considered such as your support for a local pregnancy resource center, support or participation with other organizations committed to protect the sanctity of human life, adoption, foster care, personal effort in support of pro-life causes (such as speaking or writing), etc.

---

---

---

---

---

---

\_\_\_\_\_(initial) I acknowledge GLAC may at times conduct an additional interview of any candidate to inquire further into his or her commitment to support pro-life legislation.

\_\_\_\_\_(initial) Voting records of incumbents on pro-life legislation will be considered for this application. GLAC will be granting the Pro-Life Certification, votes on all pro-life legislation over the past four (4) years will be reviewed.

\_\_\_\_\_(initial) I acknowledge that GLAC's Pro-Life Certification is a comprehensive review of a candidate's pro-life record and should I obtain a pro-life certification or endorsement from any other group, I will not use the number of my pro-life certifications or endorsements as evidence that I am any more pro-life than any other GLAC Pro-Life Certified candidate. This by no means restricts me from promoting my greater commitment to the cause based on my actions or personal history.

By signing below, I acknowledge that I have personally provided the answers herein and that upon receiving the GLAC Pro-Life Certification, GLA may publish my completed Questionnaire and Pro-Life Certification. I understand that GLA will not publish my Application for Pro-Life Certification.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_\_  
PRINT NAME

**Please return completed document to:**

**[INFO@GEORGIALIFEALLIANCE.COM](mailto:INFO@GEORGIALIFEALLIANCE.COM)**

- OR -

Georgia Life Alliance Committee  
2451 Cumberland Parkway, Suite 3205  
Atlanta, GA 30339

---

**ISSUE: ABORTION**

---

The Georgia Life Alliance (GLA) believes that unborn children should be protected by law.

For each numbered question, please indicate your answer by *initialing* next to the “yes” or “no” for each question.

1. Do you believe abortion should be illegal?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered “Yes” to question 1, do you believe there should be any exceptions to laws prohibiting abortion in any of the following circumstances? (Initial all with which you agree.)

(a) \_\_\_\_\_ To prevent the death of the mother.

(b) \_\_\_\_\_ In cases of rape where the rape is reported to an appropriate law enforcement agency.

(c) \_\_\_\_\_ In cases of incest where the incest is committed against a minor and it has been reported to an appropriate agency.

(d) \_\_\_\_\_ Other: (Please initial all that you agree with or complete d.)

---

---

2. In *Dobbs v. Jackson Women’s Health Organization*, the U.S. Supreme Court ruled that there is no U.S. Constitutional right to abortion and overturned holdings in *Roe v. Wade* and *Planned Parenthood v. Casey*. Do you agree with the legal doctrine of the Dobbs decision which restores the Georgia legislature’s constitutional right to pass laws providing effective protections for preborn children and their mothers?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do you support Georgia’s Pain Capable Unborn Child Protection Act (2012) and which seeks to ban abortion after 20 weeks (following fertilization)?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Would you support changing Georgia’s law to require a parent or guardian’s consent prior to a minor obtaining an abortion? (current law only requires parental notification)

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Do you support Georgia’s “Woman’s Right to Know” law which ensures women are given medically and scientifically significant information (including the risks of the abortion procedure and benefits if the woman brings the child to term) prior to obtaining an abortion?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. Would you support ensuring all doctors are required to report they have given a woman the informed consent required under the “Woman’s Right to Know” law regardless of whether the abortion was performed in an abortion clinic, hospital, or doctor’s office?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Ultrasound is the “window” to the womb. Would you support legislation to ensure any woman seeking an abortion is actively provided information regarding free ultrasounds and that any image resulting from an ultrasound must be made available for the woman to view prior to her abortion?

YES \_\_\_\_\_ NO \_\_\_\_\_

8. Would you vote for measures to protect living human embryos from being used for experiments that would harm or kill them, including embryonic stem cell research (regardless of the method used to create the embryo)?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. Would you support legislation to prohibit selective abortion (where an abortion is performed to terminate a child because of the sex or due to a genetic abnormality)?

YES \_\_\_\_\_ NO \_\_\_\_\_

10. Would you support legislation to prohibit dismemberment abortions (where the life of the fetus is terminated by dismemberment of the body)?

YES \_\_\_\_\_ NO \_\_\_\_\_

11. Would you support legislation providing information to women about perinatal hospice (which is life-affirming and compassionate care for parents facing a terminal prenatal diagnosis for their child)?

YES \_\_\_\_\_ NO \_\_\_\_\_

12. Would you oppose any attempt to weaken Georgia’s Unborn Victims of Violence Act (which recognizes that unborn children may be treated as a victim if injured or killed during the commission of a crime)?

YES \_\_\_\_\_ NO \_\_\_\_\_

13. Would you support a law prohibiting the use of taxpayer dollars to pay for abortions, except when necessary to prevent the mother’s death?

YES \_\_\_\_\_ NO \_\_\_\_\_

14. Do you support HB 481, the Living Infants Fairness & Equality Act (The LIFE Act; aka the Heartbeat Bill, 2019), which recognizes a child in the womb as a person and ends most abortions after a baby’s heartbeat is detected – usually around 6 weeks?

YES \_\_\_\_\_ NO \_\_\_\_\_

---

15. Would you support legislation restricting the use of and controlling the proliferation of chemical abortion drugs, supporting the collection of and reporting of data on complications, and increasing safeguards for women?

YES \_\_\_\_\_ NO \_\_\_\_\_

16. Would you support legislation that requires doctors and abortionists to provide information on the possibility to reverse the effects of a chemical abortion using the drug mifepristone?

YES \_\_\_\_\_ NO \_\_\_\_\_

17. Would you oppose any legislation that unfairly targets the life-saving work of pregnancy resource centers?

YES \_\_\_\_\_ NO \_\_\_\_\_

18. Do you support an increase to the funding for Georgia's Positive Alternatives for Pregnancy and Parenting grant?

YES \_\_\_\_\_ NO \_\_\_\_\_

19. Would you vote to prevent the use of taxpayer funds for abortion?

YES \_\_\_\_\_ NO \_\_\_\_\_

20. Would you oppose any legislation that proposes a ballot measure to enshrine a "right to abortion" or "reproductive freedom/bodily autonomy" in Georgia's constitution?

YES \_\_\_\_\_ NO \_\_\_\_\_

21. Would you oppose any legislation that shields abortionists from lawsuits or forbids public officials from cooperating with public officials engaged in enforcing Georgia's pro-life laws?

YES \_\_\_\_\_ NO \_\_\_\_\_

22. Please fully describe your vision for the ultimate pro-life policy / legislation that you would author or sponsor for Georgia.

---

---

---

---

23. How would you propose moving these policies through the legislature?

---

---

- 
24. What role should the legislature play in enforcing or ensuring enforcement of Georgia's current and future pro-life laws?

---

---

---

ISSUE: EUTHANASIA / ASSISTED SUICIDE

25. Would you vote for a law preventing discriminatory denial of medical treatment necessary to prevent the death of a patient which is against the will of the patient or the patient's representative of the elderly, disabled, or terminally ill?

YES \_\_\_\_\_ NO \_\_\_\_\_



GEORGIA CANDIDATE  
PRO-LIFE CERTIFICATION APPLICATION

---

Signature of Candidate		Please print or type name
State	District #	Political Party
Name of campaign committee		
Campaign Address		Contact person
Phone number	FAX number	Date
E-mail address		

**REMINDER: This application MUST BE completed, signed, initialed by the CANDIDATE ONLY, not a staffer, consultant, campaign aide, or volunteer. Initial here to affirm \_\_\_\_\_.**

Please sign and return the completed document to [info@georgialifealliance.com](mailto:info@georgialifealliance.com) or mail to 2451 Cumberland Pkwy, Suite 3205, Atlanta, GA 30339. Please know mail-only submissions will result in a slight delay in the application process.