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**ISSUE: ABORTION**

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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.)
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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 \_\_\_\_\_

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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.

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

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

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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.