

Dear Candidate:

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

This year Georgia Life Alliance Committee (GLAC) will again offer 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 reserve the right to conduct an interview regarding your additional qualifications for certification. All candidates who seek the GLA Pro-Life Certification and are granted said certification must agree to GLA's Terms of Use on page three of this document prior to receiving the seal.

In addition to issuing 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 2020 Pro-Life Certified Seal.
3. GLAC will send out 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 issue of the value of human life; including, but not limited to abortion, foster care, adoption, human trafficking, and euthanasia. (Make sure your media people tag us.)
5. GLAC will conduct a video interview with you, if possible, 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 and return via email to [info@georgialifealliance.com](mailto:info@georgialifealliance.com). You may submit the original via mail to Georgia Life Alliance Committee – 2451 Cumberland Pkwy, Suite 3205, Atlanta, GA 30339. Please know mail-only submissions will result in a slight delay to your application process.

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

Together For Life,

Joshua Edmonds  
*Executive Director*

PS – If you are on Social Media, we'd love to connect with you: <http://www.facebook.com/GeorgiaLife> or on Twitter @GaLifeAlliance. To learn more about our organization, please visit our website at [www.georgialifealliance.com](http://www.georgialifealliance.com).

**The Pro-Life Certification Program takes considerable time and administrative resources, so please consider making a non-tax deductible gift to cover our administrative costs to Georgia Life Alliance Committee, a 501(c)(4) organization at <https://georgialifealliance.com/donate>**



**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 or agent Email

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

**Incumbent** - If you have held public office previously and had the chance to sponsor and/or vote on pro-life legislation, please provide any details or commentary you may have with regard to your sponsorship or voting that you deem helpful in affirming or 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 of a child, 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 with regard to 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 candidates 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 GLA 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

\_\_\_\_\_  
SIGNATURE

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

INFO@GEORGIALIFEALLIANCE

**Please return completed document to:**

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

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## ISSUE: ABORTION

The Georgia Life Alliance (GLA) believes that unborn children should be protected by law, and that abortion should be permitted only when necessary to prevent the death of the mother.

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

*NOTE, in every numbered question below, the answer “yes” indicates agreement with the position of GLA.*

### **1. Do you believe abortion should be illegal?**

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

If you answered “yes” to question 1, do you believe there should be an exception to laws prohibiting abortion in any of the following circumstances? (please initial all that you agree with)

(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 Roe v. Wade and Doe v. Bolton (1973) the U.S. Supreme Court created a “right to abortion” for any reason until “viability” (into the 6th month) and for any health reason during the final three months of pregnancy. Would you advocate for changing the Roe v. Wade and Doe v. Bolton decisions so that elected legislatures may once again protect unborn children by limiting or prohibiting abortion?**

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

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

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

**4. Would you support improving Georgia’s law by requiring 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), which recognized a child in the womb as a person and ended most abortions after a baby’s heartbeat is detected – usually around 6 weeks?

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



GEORGIA CANDIDATE  
PRO-LIFE CERTIFICATION APPLICATION

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**Signature of Candidate** **Please print or type name**

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**State** **District #** **Political Party**

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**Name of campaign committee**

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**Campaign Address** **Contact person**

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**Phone number** **FAX number** **Date**

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**E-mail address**

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