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## BIRTH DOULA VERIFICATION

Either a parent, nurse, midwife or physician may fill out this form. Please remember that you must have signatures from three different births.

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This verifies that \_\_\_\_\_ has supported a laboring woman at  
(Doula's Name)  
\_\_\_\_\_ (birth location) on \_\_\_\_\_ in partial fulfillment of the  
DONA International recertification requirement.

Signature \_\_\_\_\_

Position/Relationship \_\_\_\_\_

\*\*\*\*\*

This verifies that \_\_\_\_\_ has supported a laboring woman at  
(Doula's Name)  
\_\_\_\_\_ (birth location) on \_\_\_\_\_ in partial fulfillment of the  
DONA International recertification requirement.

Signature \_\_\_\_\_

Position/Relationship \_\_\_\_\_

\*\*\*\*\*

This verifies that \_\_\_\_\_ has supported a laboring woman at  
(Doula's Name)  
\_\_\_\_\_ (birth location) on \_\_\_\_\_ in partial fulfillment of the  
DONA International recertification requirement.

Signature \_\_\_\_\_

Position/Relationship \_\_\_\_\_