



New Orleans Office:  
200 Robert E. Lee Blvd  
New Orleans, LA 70124

www.ProLifeLouisiana.org  
TF 1.866.463.5433  
FX 504.835.6522

Lafayette Office:  
600 Jefferson Street Suite 506  
Lafayette, LA 70501

### State Legislature Candidate Questionnaire

Louisiana has led the way in protecting human life. Many laws passed by our legislature and signed by our governors over the course of the decades demonstrate tireless commitment to this cause. Louisiana Right to Life (LARTL) has been at the forefront of this pro-life movement for more than half a century. We are proud of this achievement, and we hope to continue our state’s exemplary record in defending life and protecting the health and safety of women. The office of a state legislator is essential to this commitment.

Please answer this questionnaire and return to us. Questionnaire responses, along with available voting records, will be publicized on our website, in forums, and through other means. Failure to complete the questionnaire will be listed as “no response.” Comments to clarify your position are welcome, but they may not be publicized. Please complete candidate information on page two. For your information and in order to avoid any confusion with the questions, a “yes” response on questions 2-10 indicates a pro-life response in agreement with the position of Louisiana Right to Life.

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1. LARTL takes the position that the unborn children, from the moment of conception, should be protected by law. LARTL does support the inclusion of an exception in legislation to prevent the death of the mother.

When the mother’s life is endangered, LARTL takes the position that a physician may perform a medical procedure necessary in reasonable medical judgment to prevent the death or substantial risk of death due to a physical condition. The physician should make every effort to preserve both the life of the mother and her unborn child in a manner consistent with reasonable medical practice, such as in a premature delivery. This is known as the “life of the mother exception.”

Under what circumstances, if any, do you believe that abortion should be legal?

- (a)\_\_\_ Only to prevent the death of the mother (the LARTL position)
- (b)\_\_\_ To prevent the death of the mother, or when the pregnancy is the result of rape or incest.
- (c) Other (please explain): \_\_\_\_\_



*Return by fax at 504-835-6522 , via mail at 200 Allen Toussaint Blvd New Orleans, LA 70124, or email at info@prolifelouisiana.org. Contact us at 1-866-463-5433 or by email if you have any questions.*

2. Did you support the reversal of Roe v. Wade and its progeny so that Louisiana pro-life laws protecting unborn children could be enforced?

YES  NO

3. Would you vote against any legislation or amendment that would legalize abortion in cases when the pregnancy is the result of rape or incest?

YES  NO

4. Would you vote against any legislation or amendment that would legalize and permit elective abortions in Louisiana?

YES  NO

5. Would you vote against legislation or an amendment that would weaken existing prohibitions against the use of government funds, facilities, and employees, from performing, referring for, recommending, or counseling for abortions?

YES  NO

6. Would you vote to support the state funding of pregnancy resource centers that provide alternatives to abortion and do not counsel or refer for abortions? (Currently funded through DCFS).

YES  NO

7. Would you vote for measures to protect human embryos from being used for experiments that would kill them (such as in "embryonic stem cell research"), regardless of the method used to create these human embryos (whether IVF, "SCNT", or "human cloning")?

YES  NO

8. Would you vote against legislation allowing for physician-assisted suicide or euthanasia (both prohibited in LA) or weakening current pro-life laws applicable at the end of life?

YES  NO

9. Would you vote for legislation to strengthen the option of infant adoption, whether intended to improve the adoption process, advance education about adoption in schools, or make adoption more accessible to the public?

YES  NO

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Candidate Cell Phone) \_\_\_\_\_ (Other Phone) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

House/Senate District: \_\_\_\_\_ Date of Election: \_\_\_\_\_ Party: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Signature of Candidate: \_\_\_\_\_