Declaration

State of Nevada
County of _____

I declare under penalty of perjury that the following is true and correct:

1. I have become pregnant as a result of incest;

2. I understand that incest is defined in the criminal statutes as engaging in sexual intercourse with relatives who are closer in kinship than second cousin or cousins of the half-blood. This includes, but is not limited to fathers, brothers, uncles, grandfathers, sons, grandsons, nephews and first cousins;

3. I have decided of my own free will to terminate this pregnancy through an abortion;

4. Further affiant sayeth naught.

_____ _____
Recipient Signature Date

Witnessed before me this_____ day of _____, 20_____.

Witness 1 Signature: _____

Witness 2 Signature: _____

I _____ certify that in my professional opinion, this individual is not psychologically or physically capable of complying with the affidavit requirements for an abortion resulting from incest.

_____ _____
Physician's Signature Date