

**Declaration**

State of Nevada

County of \_\_\_\_\_

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

1. I have been raped and have become pregnant as a result of that rape.
2. I understand that rape is defined in the criminal statutes as being subjected to or forced to engage in a sexual penetration by another against my will.
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.

\_\_\_\_\_  
Recipient signature

\_\_\_\_\_  
Date