



***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