



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 rape.

Physician's signature

Date