

## Declaration

	State of Nevada County of	
I de	I declare under penalty of perjury that the following is true and c	orrect:
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.	
Recip	Recipient Signature Date	
Witn	Witnessed before me this day of, 20	
Witn	Witness 1 Signature:	
Witn	Witness 2 Signature:	
ı	certify that in my profe	esional oninion this
indiv resul	I certify that in my profe individual is not psychologically or physically capable of complying with the afteresulting from incest.	idavit requirements for an abortion
—— Phvs	Physician's Signature Date	