

If someone you know has had an abortion, encourage them to complete this form.

# DECLARATION BY MEN HOW ABORTION AFFECTED ME

The State of \_\_\_\_\_  
County of \_\_\_\_\_

“My name is \_\_\_\_\_. I am over the age of eighteen years, and I am of sound mind and competent to make this declaration. I have personal knowledge of the facts stated in this declaration, and I declare under penalty of perjury the following:

- 1) Did you know about the pregnancy before or after the abortion? Please explain \_\_\_\_\_
- 2) When and where did the abortion occur? \_\_\_\_\_
- 3) How old were you? \_\_\_\_\_ Were you married?  Yes  No
- 4) Did you ask her not to have an abortion?  Yes  No Please explain \_\_\_\_\_
- 5) Did you encourage or pressure her to have an abortion?  Yes  No Please explain \_\_\_\_\_
- 6) Did you offer to help her if she kept the baby?  Yes  No Please explain \_\_\_\_\_
- 7) Did you pay or offer to pay for the abortion?  Yes  No
- 8) How has the abortion affected you? \_\_\_\_\_
- 9) How has the abortion affected others in your life? \_\_\_\_\_
- 10) Based upon your experience, what would you tell a man who wants his child aborted? \_\_\_\_\_
- 11) Based on your experience, what would you tell someone that believes abortion should be legal? \_\_\_\_\_

You may attach additional pages of testimony, if needed.

“I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.”

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Please use my:  Full name  First name only  Initials only

Signature: \_\_\_\_\_

My signature evidences my authorization to use this declaration for all purposes

You may contact me  Do not contact me

THE FOLLOWING PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE JUSTICE FOUNDATION  
(Please print clearly)

Print Your Full Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I also authorize The Justice Foundation to file Friend of the Court briefs on my behalf to limit or restrict abortion.

This form may be duplicated before completing. Forms can be downloaded from [www.operationoutcry.org](http://www.operationoutcry.org)  
Return To: The Justice Foundation · 8122 Datapoint Drive · Suite 812 · San Antonio, TX 78229  
Questions? Please call toll-free 1-866-4-OUTCRY (468-8279) Need Help? 1-866-482-LIFE (5433)