

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

# DECLARATION HOW MY 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) When and where did your abortion occur, including city and state? \_\_\_\_\_
- 2) How many weeks pregnant were you? \_\_\_\_\_ What type of abortion was performed? \_\_\_\_\_
- 3) Were you adequately informed of the nature of abortion, what it is, what it does? (Check One)  Yes  No If no, explain: \_\_\_\_\_
- 4) Were you adequately informed of the consequences of abortion? \_\_\_\_\_
- 5) Were you informed of any link between abortion and breast cancer?  Yes  No Have you had breast cancer?  Yes  No
- 6) Did anyone pressure you into having an abortion?  Yes  No If yes, who? \_\_\_\_\_
- 7) How has abortion affected you? \_\_\_\_\_
- 8) How has your abortion affected others in your life? \_\_\_\_\_
- 9) Based upon your experience, what would you tell a woman considering abortion? \_\_\_\_\_
- 10) Based on your own experience, what would you tell a court 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: \_\_\_\_\_

You may contact me  Do not contact me

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

**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 ban 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)**