Verification of Emancipation

I, ____________________________, hereby confirm that I am an emancipated minor due to the following:

- Having been married (please provide marriage certificate)
- Having been on active duty in the armed forces (please provide active duty military ID card)
- Having been declared emancipated by the courts (please provide court documents)
- Am 15 years or older, live alone and manage my own financial affairs (please provide bank statements, utility bills or other documentation showing self-sufficiency)

_________________________________  ______________________
Patient Signature                      Date