

One Grand Ave, San Luis Obispo (805) 756-1211 Fax: (805) 756-5298

## Verification of Emancipation

I, \_\_\_\_\_, hereby confirm that I am an  
(printed name of patient)

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

