

**DOCUMENTATION OF SELF-SUFFICIENT MINOR STATUS**

For the purposes of obtaining medical diagnosis or treatment, pursuant to Family Code Section 6922, I hereby certify that the following is true and correct:

I am 15 years of age or older, having been born on \_\_\_\_\_ (Date of Birth), in \_\_\_\_\_ (City/State).

I am living separate and apart from my parents or legal guardian.

Current Address:

I am managing my own financial affairs.

\_\_\_\_\_  
(Source of income)

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Signature

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DATE