

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)

Signature

DATE