

**DOCUMENTATION OF SELF-SUFFICIENT MINOR STATUS**

For the purposes of obtaining medical, dental or surgical diagnosis or treatment, pursuant to Family Code §6922, I hereby certify that the following is true:

1. I am fifteen years of age or older, having been born on \_\_\_\_\_, at \_\_\_\_\_  
(date) \_\_\_\_\_  
(Location)

2. I am living separate and apart from my parents or legal guardian.  
\_\_\_\_\_  
(Residence) \_\_\_\_\_ (Phone)  
\_\_\_\_\_  
(Residence of parents/guardians) \_\_\_\_\_ (Phone)

3. I am managing my own financial affairs.  
\_\_\_\_\_  
(Name and Address of Employer)  
\_\_\_\_\_  
(Other Source(s) of Income)  
\_\_\_\_\_  
(Location of Bank Account)

4. I understand that, under the law, I will be financially responsible for my medical, dental, or surgical care and treatment.  
\_\_\_\_\_  
(Signed) \_\_\_\_\_ (Date)

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