

FALLS CHURCH HEALTHCARE CENTER
900 South Washington Street, Suite 300; Falls Church VA 22046
www.fallschurchhealthcare.com

CERTIFICATION OF EMANCIATED MINOR STATUS:

I _____ CERTIFY that I am an
Print full name

EMANCIPATED MINOR as defined by Commonwealth of Virginia Code Article 15 (16.1-331 et seq.)
because I am (initial only those that apply):

_____ entered into a valid marriage, even though the marriage may have been terminated by dissolution

_____ active duty with any of the armed forces of the United States

_____ willingly living separate and apart from my parents, guardian, with the consent or acquiescence of
my parents or guardian

_____ have an order of emancipation pursuant to Article 15 of the Virginia Code

My birth date:

signed by _____ date _____

staff witness: _____

STAFF NOTES: