



Tift Regional Health System, Inc.
Marital Attestation Form

****Check the appropriate box below for your current marital status AND provide the appropriate documentation.****

Current Marital Status	Date of Occurrence	**Documentation Required**
<input type="checkbox"/> Married/Remarried		<input type="checkbox"/> Marriage certificate <input type="checkbox"/> Documentation previously submitted to TRHS
<input type="checkbox"/> Divorced		<input type="checkbox"/> Final Divorce Decree <input type="checkbox"/> Documentation previously submitted to TRHS
<input type="checkbox"/> Separated		<input type="checkbox"/> Court document (i.e. legal separation, divorce request, etc.) OR <input type="checkbox"/> Letter on letterhead from a third party to validate separation (i.e. church official, school official, marriage counselor, etc.) OR <input type="checkbox"/> Documentation of two physical addresses (i.e. separate utility bills, rent/mortgage with each person's name, etc.)
<input type="checkbox"/> Widowed, enter spouse name below _____		<input type="checkbox"/> Death certificate <input type="checkbox"/> Documentation previously submitted to TRHS <input type="checkbox"/> Obituary <input type="checkbox"/> Documentation previously submitted to TRHS
<input type="checkbox"/> Single, never married	N/A	N/A

☐ Other (Please explain): _____

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. WARNING: If you knowingly give false or misleading information on this form, any favorable decision made based on the misinformation may be reversed.

X _____ X _____
(Patient / Responsible Party-REQUIRED) Date (Witness-REQUIRED, not spouse) Date