



Southwell Ambulatory, Inc.
Marital Attestation Form

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

Table with 3 columns: Current Marital Status, Date of Occurrence, and Documentation Required. Rows include Married/Remarried, Divorced, Separated, Widowed, and Single, never married.

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