



**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>i.e. legal separation, divorce request, etc.</i>) OR <input type="checkbox"/> Letter on letterhead from a third party to validate separation (<i>i.e. church official, school official, marriage counselor, etc.</i>) OR <input type="checkbox"/> Documentation of two physical addresses (<i>i.e. separate utility bills, rent/mortgage with each person's name, etc.</i>)
<input type="checkbox"/> Widowed, <i>enter spouse name below</i> _____	_____	<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, <i>never married</i>	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