

A WOMAN'S WORLD MEDICAL CENTER, INC.
503 S. 12TH STREET, FT. PIERCE, FL 34950
772-460-1506

Declaration of Minor Regarding Eligibility for Emancipation Exemption under
Section 390.01114(3)(b)(3), F.S.

I, _____, declare as follows:

Minors Name

1. I am a minor who is less than 18 years of age.
2. On _____, I received a court order from the state of _____ determining that the removal of the disabilities of non-age (emancipation) was in my best interest. The order stated that I was an adult for purposes of all criminal and civil laws of the state and provided me with the authority to exercise all of the rights and responsibilities of a person who is 18 years of age or older.
3. I request to be emancipated because _____

I state that according to my best knowledge, information and belief, that the above information is true, accurate and correct.

Signature of Minor _____ Date _____

Printed Name of Minor _____

STATE OF FLORIDA

COUNTY OF _____

Under the penalty of perjury, I declare that the person appearing before me, _____, Notary Public, is the person named in the Minors Name whose signature is to be notarized. Sworn to and subscribed before me this _____, day of _____, 20_____.

Notary Signature

Notary Print

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____
