



Dependent Attestation Form

I attest (certify) that the dependents listed below are under the age of 21 and in my custody. I provide at least 50% of their support annually.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

I certify that the above information provided is true and accurate for the purpose of evaluating my application for Indigent/Charity Care. I understand that Tift Regional may reverse the decision if accurate information is not provided.

Name of Person Applying (*please print*): _____

Signature: _____

Date: _____

Witness-Required (*not spouse*): _____

Date: _____