

**STATE OF COLORADO
AFFIDAVIT OF EMANCIPATION**

I, the undersigned, attest to the following facts:

1. I am at least fifteen years old and under the age of 18 years old.
2. I declare that I am emancipated from my parents/guardians, and that I am fully and independently responsible for all matters relating to my of care, custody, and earnings, and I assume full legal and financial responsibility for myself.
3. I an emancipated as that term is defined in CRS-19-1-103 and can prove that I am (1) legally married; or (2) an active duty military personnel; or (3) able to fully support myself without assistance from relatives.

Signature of Minor

Date

Print Minor's Name

Address: _____

Sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission expires _____.

