

# MUSC/CMH/UMA Dependent Statement

Charleston Memorial Hospital  
University Medical Associates

I, \_\_\_\_\_ certify that the following are my dependents:  
(PRINT APPLICANT'S NAME)

<b>Dependent's Name</b>	<b>Age</b>	<b>Relationship to Applicant</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
APPLICANT'S SIGNATURE/DATE