Marital Status Form

Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Dependent students:*

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is a discrepancy between the marital status listed on the FAFSA and the verification documentation you submitted. Confirm the marital status below. Please note that your marital status should be confirmed as of the date you initially completed the FAFSA.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm my marital status to be:

|  |  |
| --- | --- |
|  | SINGLE |
|  |  |
|  | MARRIED/REMARRIED |
|  |  |
|  | SEPERATED |
|  |  |
|  | DIVORCED OR WIDOWED |

The date this status took effect was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(month and year)

**CERTIFICATE & SIGNATURE**

Your signature below certified that all of the information reported is complete and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature (required) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature (required for dependent students) Date