

PARENT MARITAL STATUS VERIFICATION FORM

STUDENT'S NAME

STUDENT ID #

Please attach documentation (e.g. marriage certificate, court documentation of separation, divorce decree, or death certificate)

Instructions: To be completed by the parent of a Dependent student who is listed on the FAFSA and signed below.

1. Please indicate your marital status as reported on the FAFSA:

- | | |
|--|---|
| <input type="checkbox"/> Married/Remarried
<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed
<input type="checkbox"/> Single (Never Married)
<input type="checkbox"/> Unmarried parents living together | Date of Marriage: _____
Date of Separation: _____
Date of Divorce: _____
Date Widowed: _____ |
|--|---|

2. Please indicate the correct marital status as of today:

- | | |
|---|---|
| <input type="checkbox"/> Married/Remarried
<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed
<input type="checkbox"/> Unmarried parents living together
<input type="checkbox"/> Single (Unmarried parents <u>not</u> living together) | Date of Marriage: _____
Date of Separation: _____
Date of Divorce: _____
Date Widowed: _____
Date of Change: _____
Date of Change: _____ |
|---|---|

Reason for Change:

- Made an error on original FAFSA
 Change in marital status (marriage, separation, divorce, etc.)
 Other (Please Explain):

3. Certification Statement:

Each person signing below certifies that all information reported is complete and correct. The student and the parent who completed this form must sign and date.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE