



Verification of Marital Status

Name: _____
(Please Print)

ID: _____

Student – As of today: _____ Never Married

I am currently
(check only one)

_____ Married - Date of Marriage _____
MM-DD-YY

_____ Divorced but Remarried – Date you Remarried _____
MM-DD-YY

_____ Separated or Divorced – Date of Separation or Divorce _____
MM-DD-YY

_____ Widowed – Date you were widowed _____
MM-DD-YY

If you were required to provide parent information on the FAFSA, please have your parent(s) complete the section below.

Parent(s) – As of today: _____ Married - Date of Marriage _____

I am currently
(check only one)

_____ Divorced but Remarried – Date you Remarried _____
MM-DD-YY

_____ Divorced or Separated – Date of Divorce or Separation _____
MM-DD-YY

_____ Widowed – Date you were widowed _____
MM-DD-YY

_____ Never Married

_____ Unmarried but both parents are living together

Each person signing below certifies that all of the information reported is complete and accurate.

Student's Signature

Date

Parent's Signature (if required)

Date

Please return this form to
Jefferson Community College Enrollment Services Center
1220 Coffeen Street; Watertown, NY 13601
If you have questions, please call 786-2437