



## Verification of Marital Status

Name: \_\_\_\_\_  
(Please Print)

ID: \_\_\_\_\_

**Student – As of today:**

I am currently  
(check only one)

\_\_\_\_\_ Never Married

\_\_\_\_\_ Married - Date of Marriage \_\_\_\_\_  
MM-DD-YY

\_\_\_\_\_ 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:**

I am currently  
(check only one)

\_\_\_\_\_ Married - Date of Marriage \_\_\_\_\_  
MM-DD-YY

\_\_\_\_\_ 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 Financial Services Office  
1220 Coffeen Street; Watertown, NY 13601  
If you have questions, please call 786-2355