Verification of Marital Status

Name: ________________________________  ID: ________________________________
(Please Print)

Student – I am currently (check only one)

_____ Never Married

_____ Married - Date of Marriage ________ MMDDYY

_____ Remarried – Date you Remarried ________ MMDDYY

_____ Separated or Divorced – Date of Separation or Divorce ________ MMDDYY

_____ Widowed – Date you were widowed ________ MMDDYY

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

Parent(s) – I am currently (check only one)

_____ Married - Date of Marriage ________ MMDDYY

_____ Remarried – Date you Remarried ________ MMDDYY

_____ Divorced or Separated – Date of Divorce or Separation ________ MMDDYY

_____ Widowed – Date you were widowed ________ MMDDYY

_____ Never Married

_____ Unmarried but both parent(s) 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