



Beaufort County Community College

Office of Financial Aid

5337 Highway 264 East Washington, NC 27889

T: 252.940.6222 F: 252.940.6393 finaid@beaufortccc.edu

**2020-2021
Marital Status Confirmation**

Student Name: _____

Student ID: _____

Check the box for whom the marital status relates to:

Student _____
Print Name

Parent _____
Print Name

Widowed
Please provide the month and year of death ____/____

Married
Please provide the full date of marriage ____/____/____

Divorced
Please provide the month and year the divorce was finalized ____/____

Separated
Please complete the following:

I, _____ am separated from my spouse _____
Print Name Print Name

Please provide the month and year you separated ____/____

We are no longer residing together at the same address.

My address is _____

My spouse's address is _____

Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature

Date

Phone Number

Parent Signature (If student is Dependent)

Date