BEAUFORT
COUNTY COMMUNITY COLLEGE
Office of Financial Aid

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2025-2026
Marital Status Confirmation

Student Name: _____ Student ID: _____

Check the box for whom the marital status relates to:

☐ Student _____ ☐ Parent _____
Print Name Print Name

Indicate marital status:

☐ 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: **Attach a copy of the legal separation papers. If you were separated when the FAFSA was completed and are now divorced, please provide a copy of the divorce decree.**
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's Signature (Required) Date

_____ _____
Parent Signature (Required, If Dependent Student) Date