

**STUDENT NAME:** \_\_\_\_\_

**WCC ID #:** \_\_\_\_\_

The Financial Aid Office needs to verify your parent's marital status as of the date the 2019-2020 FAFSA was completed. ***This form must be completed in blue or black ink by a parent whose information is included on your FAFSA and signed in the presence of a notary.*** PLEASE NOTE – Your eligibility for financial aid cannot be determined until the verification process has been completed.

On the day I signed my child's 2019-2020 FAFSA, my marital status was:

- |   |  |
|---|--|
| <input type="checkbox"/> Never Married                | <input type="checkbox"/> Unmarried, but both legal parents living together |
| <input type="checkbox"/> Married OR Remarried         | <input type="checkbox"/> Widowed   |
| • Full date of marriage: ____/____/____               | • Month and year of death: ____/____                                       |
| <input type="checkbox"/> Divorced                     |  |
| • Month and year the divorce was finalized: ____/____ |  |

☐ Separated
 

- Complete the following statement: I, \_\_\_\_\_, am separated from my spouse, \_\_\_\_\_, since \_\_\_\_/\_\_\_\_/\_\_\_\_. We have been living in separate households and have no plans to reconcile.

PRINT PARENT NAME  
PRINT SPOUSE'S NAME  
MONTH      YEAR

My address is:	My spouse's last known address is:
_____ <small>Street (no PO Boxes)</small>	_____ <small>Street (no PO Boxes)</small>
_____ <small>City, State, ZIP</small>	_____ <small>City, State, ZIP</small>

**I understand that my marital status is subject to investigation by the proper authorities. If I purposely provide false or misleading information in an attempt to receive federal aid, I may be fined up to \$20,000, sentenced to prison, or both.**

PARENT SIGNATURE: \_\_\_\_\_  
**(MUST BE SIGNED IN THE PRESENCE OF A NOTARY)**

**OATH OR AFFIRMATION**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me this day by

(Printed name of signer), \_\_\_\_\_.

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

**NOTARY SEAL**

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
NOTARY'S PRINTED NAME

RETURN THIS COMPLETED FORM TO:

**Wayne Community College - Financial Aid Office - PO Box 8002 - Goldsboro, NC 27533-8002**  
**FAX: 919-736-9425**