

STUDENT NAME: _____

STUDENT ID: _____

The Financial Aid & Veterans Services office requires confirmation of your parent's marital status on the day your 2023-2024 FAFSA was submitted. **This form should be completed in the presence of a notary by the parent whose information is included on your FAFSA. NOTE – Your eligibility for financial aid can be established only when the verification process is complete.**

On the day I signed my child's 2023-2024 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,
PRINT PARENT NAME
_____, since ____/____. We have been living in
PRINT SPOUSE'S NAME MONTH YEAR
separate households and have no plans to reconcile.

My address is: _____ My spouse's last known address is: _____

Street (no PO Boxes) Street (no PO Boxes)

City, State, ZIP City, State, ZIP

I understand that my marital status is subject to investigation by the proper authorities. If I knowingly provide false or misleading information 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 the signer), _____.

NOTARY SEAL

Date: _____

My Commission Expires: _____

NOTARY SIGNATURE

NOTARY'S PRINTED NAME

RETURN THIS COMPLETED FORM TO:
Wayne Community College - Financial Aid & Veterans Services – Wayne Learning Center, Room 127
PO Box 8002 - Goldsboro, NC 27533-8002
Faxed or emailed copies cannot be accepted.