

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

**STUDENT ID:** \_\_\_\_\_

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

On the day I signed the 2023-2024 FAFSA, my marital status was:

- Single
- Married OR Remarried  Widowed
- ▶ Full date of marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ ▶ Month and year of death: \_\_\_\_/\_\_\_\_
- Divorced
- ▶ Month and year the divorce was finalized: \_\_\_\_/\_\_\_\_

Separated

▶ Complete the following statement: I, \_\_\_\_\_, am separated from my spouse,  
PRINT STUDENT 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.**

STUDENT 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)*, \_\_\_\_\_

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

**NOTARY SEAL**

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.*