Financial Aid Office

Marital Status Verification 2016-2017

Student’s Name: ___________________________________________ Student’s ID Number: ____________

SECTION I. DEPENDENT STUDENT

Mother/Stepmother’s Name: ____________________________

Father/Stepfather’s Name: ____________________________

Mother’s current marital status (check one):
☐ Never Married
☐ Divorced
☐ Widowed
☐ Married
☐ Remarried
☐ Separated
☐ Unmarried and both parents living together

Father’s current marital status (check one):
☐ Never Married
☐ Divorced
☐ Widowed
☐ Married
☐ Remarried
☐ Separated
☐ Unmarried and both parents living together

The effective date for the marital status listed above. 

________________ / __________ Month Year

Parent(s) may be required to provide divorce decree, marriage license, etc.

If you purposely give false or misleading information on this worksheet, you may receive a fine, a prison sentence, or both. By signing this verification, I/we certify that all information is complete and correct.

Mother’s Signature: ____________________________________________ Date: ____________________

Father’s Signature: ____________________________________________ Date: ____________________

SECTION II. INDEPENDENT STUDENT

Your current marital status (check one):

☐ Never Married
☐ Divorced
☐ Widowed
☐ Married
☐ Remarried
☐ Separated

The effective date for the marital status listed above.

________________ / __________ Month Year

Student may be required to provide divorce decree, marriage license, etc.

If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. By signing this verification, I certify that all information is complete and correct.

Student’s Signature: ____________________________________________ Date: ________________

Return form to: FINANCIAL AID OFFICE
900 South Court Street
Ellisville, MS 39437

CONTACT INFORMATION
Phone: 601.477.4040
Fax: 601.477.4211