



# BEAUFORT

COUNTY COMMUNITY COLLEGE  
Office of Financial Aid

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**2024-2025**  
**Marital Status Confirmation**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Check the box for whom the marital status relates to:**

☐ Student \_\_\_\_\_  
Print Name

☐ Parent \_\_\_\_\_  
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  
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