



ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

The Office of Financial Aid
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2019-2020 Marital Status Form

Student's Last Name	First Name	M.I.	Student's Identification (ID) Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City State Zip Code			Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

Dependent Students

Father/Stepfather's Name: _____

Mother/Stepmother's Name: _____

Please complete this form for the parent whose information was included on the FAFSA and verification paperwork. The information you provide will be used to verify, update or correct the information provided on the FAFSA.

The marital status for this parent is (check one):

- Single
- Divorced
- Widowed
- Married/remarried
- Separated

Please tell us the effective date for the marital status listed above. _____ / _____
Month Year

Independent Students

Your current marital status (check one):

- Single
- Divorced
- Widowed
- Married/remarried
- Separated

Please tell us the effective date for the marital status listed above. _____ / _____
Month Year

Certification Statement

By signing this form, I certify that all of the information reported is complete and accurate.

Signature of Student (required)

Date

Signature of Parent (required is a dependent student)

Date