



**Martin Community College**  
Office of Financial Aid

1161 Kehukee Park Road  
Williamston, NC 27892  
252-789-0204

2025-2026 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 divorce was finalized \_\_\_\_/\_\_\_\_

Separated

Please provide a copy of the legal separation paper.

I, \_\_\_\_\_ am separated from my spouse \_\_\_\_\_  
Print Name Print Name

Please provide the month and year you were separated \_\_\_\_/\_\_\_\_

**We no longer reside together and plan to obtain a divorce. I understand that my separation is subjected to investigation by the proper authorities. In addition, if I give false or misleading information, I may be subject to a \$20,000 fine, a prison sentence, or both.**

My address is \_\_\_\_\_

My spouse's address is \_\_\_\_\_

**WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED OR SENTENCED TO JAIL OR BOTH.**

I certify that all the information reported on this worksheet is complete and correct.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date