



Pamlico Community College

Office of Financial Aid

T: 252.249.1851 x3026 F: 252.249.1622 finaid@pamlicocc.edu

2025-2026 Marital Status Confirmation

Student Name: _____ Student ID: _____

Check the box for whom the marital status relates to:

Student _____ Parent _____
Print Name 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: **Attach a copy of the legal separation papers. If you were separated when the FAFSA was completed and are now divorced, please provide a copy of the divorce decree.**
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