

2025-2026
Student Marital Status
Form



OFFICE OF FINANCIAL AID
1501 Lakeside Drive
Lynchburg, VA 24501-3113
Phone: (434) 544-8228
Fax: (434) 544-8653

Student Name _____ Student Email _____

Please provide the following information regarding the marital status you reported on your 2025-2026 FAFSA. You should report the marital status **as of the day you originally completed your FAFSA.**

Student Name _____

Spouse Name _____

Check one box and enter a date, if applicable. ***Please be sure to attach all required documentation.***

Never Married

Married/Remarried

Date Married/Remarried: _____ / _____ / _____
(Circle one) Month Day Year

Required Documentation: Copy of marriage certificate

Divorced

Date Divorce Finalized: _____ / _____ / _____
Month Day Year

Required Documentation: Copy of divorce decree

Separated

Date Separated: _____ / _____ / _____
Month Day Year

Required Documentation: Provide proof of address for you and your spouse. Examples: Copies of utility bills, rental/lease agreements, pay stubs, etc.

Widowed

Date Widowed: _____ / _____ / _____
Month Day Year

Required Documentation: Copy of death certificate

By signing this worksheet, you certify that all the information reported on it is complete and correct.

Student Signature _____ Date _____