



# ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

Student Financial Services

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## 2017-2018 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.

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Signature of Student (required)

Date

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Signature of Parent (required is a dependent student)

Date