



**2018-2019 Marital Status
(Dependent Student)**

Student Name: _____ Bergen ID: _____

Please indicate your parent's legal marital status: _____

Date of marital status: _____

If you are:

- **Married**, please provide a photocopy of your marriage certificate
- **Divorced**, please provide a photocopy of your divorce decree
- **Separated**, please provide proof of different addresses dated the month that you filed your 2018-2019 FAFSA (lease, utility bills, driver's licenses, etc.)

Parent 1:

Last Name: _____

First Name: _____

Date of Birth: _____

Social Security #: _____

Parent 2:

Last Name: _____

First Name: _____

Date of Birth: _____

Social Security #: _____

CERTIFICATION AND SIGNATURES

I/we certify by signing this form that all information reported is correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Parent's Signature

Date