



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

---

Student Name: \_\_\_\_\_ Bergen ID: \_\_\_\_\_

---

Please indicate your 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.)

---

**CERTIFICATION AND SIGNATURES**

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

<p><b>WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.</b></p>
--

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's Signature**

\_\_\_\_\_  
**Date**