Hinds Community College
2008-2009 Marriage Status Form

Please read carefully and answer all questions as it relates to you.

Last name First Name M.I. | Social Security Number

Address (Include apt. no.) | Date of birth

City State ZIP code | Phone number (include area code)

STUDENT

As of the date you filed your FAFSA, what is your marital status?

- ☐ Married/Remarried
- ☐ Single
- ☐ Divorced/Separated.
- ☐ Widowed

Month and year you were married, separated, divorced or widowed.

_____ _____
Month Year

If you were born before January 01, 1985, or are a veteran, skip the parent portion of this form.

PARENT(s)

As of the date you filed your FAFSA, what is your parents' marital status?

- ☐ Married/Remarried
- ☐ Single
- ☐ Divorced/Separated.
- ☐ Widowed

Month and year you were married, separated, divorced or widowed.

_____ _____
Month Year

Father's/Stepfather's	Mother's/Stepmother's
Name:_____	Name:_____
Date of Birth:_____	Date of Birth:_____
Social Security Number:_____	Social Security Number:_____

By signing this worksheet, I (we) certify that all the information reported on this form is complete and correct.

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

_____
Student **Date**

_____
Parent / Stepparent (if applicable) **Date**

Mail to: Office of Financial Aid
P.O. Box 1100
Raymond, MS 39154-1100