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## 2026-2027 Parents Marital Status Form

STUDENT: \_\_\_\_\_ FIDN#: A \_\_\_\_\_  
Last Name First Name

Your parents' marital status requires clarification. Please indicate the marital status of your parents' as of the date the FAFSA was filed:

Married \*

Separated \*

Divorced \*

Single

Unmarried and Living Together

Widowed \*

\_\_\_\_/\_\_\_\_ \*Indicate the month and year your parents became married, separated, divorced, or widowed.

By signing this form, I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature. We do not accept electronic signatures.

\_\_\_\_\_  
Student's Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date