SADDLEBACK COLLEGE
FINANCIAL AID OFFICE

2014-15 MARITAL STATUS RESOLUTION FORM - PARENT

Please complete this form with parent(s) for whom information was requested on your FAFSA and return along with supporting documentation to Saddleback College’s Financial Aid Office.

Parents’ Marital Status at Time Submitting 1415 FAFSA
As of the date you signed and submitted your original 2014-2015 FAFSA, were your parents living together? ☐ Yes ☐ No

As of the date you signed and submitted your original 2014-2015 FAFSA, select your parent’s marital status (Check ONLY One):

- Married/Remarried – Date of Marriage:
- Remarried (to step-parent) – Date of Re-Marriage:
- Separated – Date of Separation:
- Divorced – Date of Divorce: Submit a copy of Divorce Decree.
- Widowed – Date Widowed:
- Single (Never Married)

Parents’ CURRENT Marital Status? (Check One)
As of today’s date, are your parents living together? ☐ Yes ☐ No

As of today’s date, select your parent’s marital status (Check ONLY One):

- Married – Date of Marriage:
- Separated – Date of Separation:
- Divorced – Date of Divorce: Submit a copy of Divorce Decree.
- Widowed – Date Widowed:
- Single (Never Married)

Please list parents’ dependent(s) in their CURRENT household, including parent’s spouse (if applicable):

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<tr>
<th>Name of Parents’ Dependent(s)/Spouse</th>
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I understand that by signing this form I agree, if asked, to provide information that will verify the accuracy of the completed form. Also, I certify that I understand that Saddleback College’s Financial Aid Office has the authority to verify information reported on this form with other federal and state agencies. I further understand that if I purposely give false or misleading information, I may be fined up to $20,000, sent to prison, or both.

Student’s Signature: ___________________________ Date: ___________________________

Parent’s Signature: ___________________________ Date: ___________________________

FORM 15PMRT