



Center for Student Financial Planning and Services  
99 Main Street  
Franklin MA, 02038  
P. 508-541-1518  
F. 508-541-1941  
[sfp@dean.edu](mailto:sfp@dean.edu)

## 2026-2027 PARENT(S) MARITAL STATUS CLARIFICATION

### Dependent Student Information

|              |                       |                         |
|--------------|-----------------------|-------------------------|
| Student Name | Student Date of Birth | Dean College ID #       |
| Phone Number |                       | Student's Email Address |

### Parents' Marital Status

The marital status your parent(s) listed on the FAFSA does not match our records. The marital status on the FAFSA should be as of the day the application was filed. **Must be completed by the parent listed on the FAFSA.**

Parents' current marital status (*please check only one*):

- |                                                                                         |                           |
|-----------------------------------------------------------------------------------------|---------------------------|
| <input type="checkbox"/> My parents are married or remarried                            | Date of Marriage: _____   |
| <input type="checkbox"/> My parents are separated                                       | Date of Separation: _____ |
| <input type="checkbox"/> My parents are divorced                                        | Date of Divorce: _____    |
| <input type="checkbox"/> My parent is widowed                                           | Date Widowed: _____       |
| <input type="checkbox"/> My parent is single/never married                              |                           |
| <input type="checkbox"/> My parents are unmarried, but both parents are living together |                           |

By signing this form, each person certifies that all the information is correct and complete.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by the parent whose information is provided on the FAFSA)

(electronic signatures are not acceptable)