

A. Student Information

First name

Last name

DU ID Number

B. Marital Status Information

Biological/adoptive parent 1 name: _____

Biological/adoptive parent 2 name: _____

Are your parents divorced or separated? Yes No

If your biological/adoptive parents are *not* divorced:

- What is their current marital status? Married
 Unmarried living together
 Separated
 Widowed

Date of marital status (MM/DD/YYYY): _____

If your biological/adoptive parents *are* divorced or separated:

Which parent did you live with more during the 12 months prior to completing the FAFSA (this is your **parent of record**)? Parent 1 Parent 2

If you **did not** live with one parent more than the other, which parent provided more financial support during the twelve months prior to completing the FAFSA, or during the most recent year that you actually received support from a parent (this is your **parent of record**)? Parent 1 Parent 2

Is your parent of record remarried? Yes No

If yes, please list the spouse's name: _____

If yes, date of marriage (MM/DD/YYYY): _____

(Please note: If your parent of record is remarried, we will require their spouse's tax information.)

D. Certification and Signature

Each person signing this form certifies that all the information reported on it is complete and correct. Parent signature required for dependent students.

Student Signature (required)

Date

Parent Signature (required if dependent)

Date