

**2024-2025  
PARENT MARITAL STATUS FORM**

Questions about how to complete this form?

Call 217-786-2237 or 800-727-4161.

Text 217-920-1096.

[www.llcc.edu/financial-aid](http://www.llcc.edu/financial-aid)

Return completed form to:

 LLCC Financial Aid  
5250 Shepherd Road  
Springfield, IL 62794-9256

[financial.aid@llcc.edu](mailto:financial.aid@llcc.edu)  
*Electronic forms only accepted from LLCC email addresses.*

217-786-2229 fax

**Student Information**

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
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**Parents' Marital Status**

The marital status your parents listed on the FAFSA does not match their tax filing status with the IRS. Check you parents' current marital status. The marital status on the FAFSA should be as of the day the FAFSA was filed.

**Note:** The Department of Education requires that if you do not live with your legal parents (biological, adoptive, step or as determined by the state) they are to be reported on the FAFSA. No one else is considered a parent for FAFSA purposes unless that individual has legally adopted you. If you have more questions about the definition of "parent" and who is to be reported, visit [www.studentaid.gov/fafsa-parent](http://www.studentaid.gov/fafsa-parent).

My parents are married to each other and are not separated. Date married (month/year): \_\_\_\_\_

My parents are not married to each other but live together.

My parents were never married and currently do not live together. The parent whose information was provided on the FAFSA remains unmarried.

My parents were never married, but my parent whose information is provided on the FAFSA is married.

Date parent was married to stepparent (month/year): \_\_\_\_\_

My parent is widowed and has not remarried. Date parent was widowed (month/year): \_\_\_\_\_

My parent is widowed and has remarried. Date remarried (month/year): \_\_\_\_\_

My parents are **divorced** and do not live together. The parent whose information was provided on the FAFSA remains unmarried. Date parents were divorced (month/year): \_\_\_\_\_

My parents are **divorced**, but my parent whose information is provided on the FAFSA has remarried.

Date parent was married to stepparent (month/year): \_\_\_\_\_

My parents are **divorced or separated, yet they live together**.

My parents are **separated** and do not live together. Date of separation (month/year): \_\_\_\_\_

**Certification and Signature**

By signing this form, 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 form, you may be fined and/or sentenced to jail.**

STUDENT SIGNATURE (REQUIRED – Sign printed form.)	DATE
PARENT SIGNATURE (REQUIRED – Sign printed form.)	DATE