Marriage Date Certification 2014-2015

Student’s Name: ____________________________ I-Number: ________________________

Spouse’s Name: ____________________________ I-Number: ________________________

Phone Number: ______________________________

Please provide the following information regarding your marital status:

Date of marriage _____ / _______ / _______
   Month   Day   Year

CERTIFICATION

I certify that all the information on this form is complete and correct. If I purposely give false or misleading information on this worksheet, I may be fined, be sentenced to jail or both.

Student’s Signature: ____________________________ Date: ____________________

If you have any questions or are unsure of any item on this worksheet, PLEASE CALL US!
Phone (208) 496-1600 Fax (208) 496-6711 or (208) 496-1603
Email address: faverification@byui.edu

2/2014