



FIFTEENTH JUDICIAL CIRCUIT
Registration Affidavit for Premarital Preparation Course Providers

I, _____ [Authorized Representative], of _____, a provider of a premarital preparation course, am over 18 years of age, am *sui juris*, and am otherwise competent to make this affidavit, being duly sworn, hereby certify, swear and/or affirm that the following information is true and correct:

1. I hereby certify and attest that the provider meets the requirements as set forth in 741.0305, Florida Statutes. I have attached all course materials to this Affidavit, including a template certificate of completion which specifies the manner the course was conducted (personal, videotape or other instruction via electronic medium).
2. I hereby certify and verify that the offered course is not less than 4 hours in length.
3. I have the authority to act on behalf of and to bind the Premarital Preparation Course provider.
4. The premarital preparation course instructor's name is: _____

**If more than one instructor is providing the pre-marital course under the registering provider:
Attach a list of instructors' names, qualification(s) and a copy of the qualifying credentials for each.**

5. The premarital preparation course instructor's qualifications are as follows:

____ A psychologist licensed under F.S. 490. **License Number:** _____

____ A clinical social worker licensed under F.S.491. **License Number:** _____

____ A marriage and family therapist licensed under F.S. 491. **License Number:** _____

____ A mental health counselor licensed under F.S. 491. **License Number:** _____

____ An official representative of a religious institution which is recognized under F.S. 496.404(23) (a statement describing relevant training should be included).

____ A school counselor who is certified to offer the course.

I DECLARE UNDER PENALTY OF PERJURY, under the laws of the State of Florida, that the statements and facts indicated in this Affidavit are true and correct.

Signature _____ Date: _____

Printed Name: _____

Address: _____

Phone Numbers: _____

E-mail Address: _____ Website: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, by _____, who is personally known to me or who produced the following identification: _____.

Official Seal

Clerk of the Circuit Court or Notary Public