

**REGISTRATION AFFIDAVIT FOR
PREMARITAL PREPARATION COURSE PROVIDER
(Florida Statute Chapter 741 / 741.0305)**

Note: Affidavit valid for one year. To remain an active provider, this Affidavit must be completed annually.

Select One: New Provider Annual Renewal

(PLEASE FILL IN ELECTRONICALLY OR PRINT) Provide all information requested, state N/A if not applicable.

Affiant is the provider of a premarital preparation course as prescribed by Florida Statute Chapter 741 / 741.0305

1. Affiant's Name & Title: _____
Home Address: _____

2. Affiant's Home Phone Number: _____

3. Affiant's Email Address: _____

4. Affiant's Church Name & Address: _____

5. Affiant's Church Phone Number: _____

6. Affiant's premarital preparation course is: OPEN TO PUBLIC CONGREGATION ONLY

7. The Affiant's qualifications are as follows: (check applicable qualification(s) & provide license # where indicated)

A. Official representative of a religious institution recognized under FS 496.404(23)

This official has had the following relevant training:

B. Psychologist licensed under chapter 490 FS license # _____

C. Clinical social worker licensed under chapter 491 FS license # _____

D. Marriage & family therapist licensed under chapter 491 FS license # _____

E. Mental health counselor licensed under chapter 491 FS license # _____

F. A provider designated in writing by a chief judge of a judicial circuit.

8. Affiant has complied with the premarital preparation course requirements as set forth in section 741.0305, FS.

SIGNATURE

State of Florida

County of Marion

Sworn or affirmed to and subscribed before me by means of physical presence or online notarization, this _____ day of _____, _____, by _____, Affiant, who is

personally known to me or who produced the following identification: _____.

(Affix Official Seal)

Signature of Deputy Clerk / Notary Public