



## TOM BEXLEY, Clerk of the Circuit Court & Comptroller

1769 East Moody Blvd., Building #1 • Bunnell, Florida 32110  
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### Premarital Course Provider Affidavit

Before me, the undersigned authority, personally appeared the individual designated as "Affiant" in Paragraph 1 of this affidavit, and after first being duly cautioned and sworn, the said Affiant deposes and states as follows:

1. Affiant's name is: \_\_\_\_\_
2. Affiant's address is: \_\_\_\_\_  
Phone Number is: \_\_\_\_\_
3. Affiant is the provider of a premarital preparation course as prescribed by Chapter 98-403, Laws of Florida creating the Marriage Preparation & Preservation Act.
4. The premarital preparations course's instructor's name is: \_\_\_\_\_
5. Premarital Course provider email address: \_\_\_\_\_ Add to online contact? \_\_\_\_\_
6. The premarital preparation course instructor's qualifications are as follows:  
(check applicable qualification(s) and provide license # where indicated)
  - a) \_\_\_\_\_ Psychologist licensed under Chapter 490, Florida Statutes:  
License Number \_\_\_\_\_
  - b) \_\_\_\_\_ Clinical social worker licensed under Chapter 491, Florida Statutes:  
License Number \_\_\_\_\_
  - c) \_\_\_\_\_ Marriage & Family therapist licensed under Chapter 491, Florida Statutes:  
License Number \_\_\_\_\_
  - d) \_\_\_\_\_ Mental health counselor licensed under Chapter 491, Florida Statutes:  
License Number \_\_\_\_\_
  - e) \_\_\_\_\_ Official representative of a religious institution recognized under Florida Statute 496.404(19). I have had the following relevant training (please specify):  
\_\_\_\_\_  
\_\_\_\_\_
  - f) \_\_\_\_\_ A provider designated in writing by a Chief Judge of a Judicial circuit.
6. Affiant has complied with the premarital preparation course requirements as set forth in section 741.0305 (2005) for providers of premarital preparation courses.

\_\_\_\_\_  
(Affiant' Signature)

**State of Florida**

**County of Flagler**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or has produced  
\_\_\_\_\_ as identification and who did / did not take an oath.

(Affix Notary or Official Seal)

\_\_\_\_\_  
(Signature of Notarizing or Attesting Official)

**Penalty for perjury----up to 5 years in state prison---(Section 837.01, Florida Statutes)**