

## Greg James Clerk of Circuit and County Courts Wakulla County 3056 Crawfordville Highway Crawfordville, Florida 32327

850-926-0322

## REQUIRED PREMARITAL STATEMENT

F.S. §741.01 and §741.04

We, the undersigned hereby state:		Transaction#
Printed name of Spouse I		Printed Name of Spouse 2
We have attest	ted that we	
	nave completed a premarital pr	reparation course.
		or otherwise accessed the information contained in the handbook or tation of the rights and responsibilities of the parties to a marriage process.
8	areare not the parents of	f a common minor child(ren) born in the state of Florida.
Spouse I-	Social Security Number —	Spouse I Current Age
Spouse 2 - Social Security Number ——-		Spouse 2 Current Age
All of the follo copy of the ma		For questions regarding your marriage license and for mailing a certified
	Mailing Address:	
	City, State, and Zip Code:	
	Email:	
Signature of Spouse I		Signature of Spouse 2
Subscribed and	d sworn before me on	
		Deputy Clerk