

Wakulla County

Registration Affidavit for Premarital Preparation Course Provider
F.S. 741.0305(5)

STATE OF FLORIDA
COUNTY OF WAKULLA

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

1) Affiant's name is: _____

2) Affiant's address is: _____

3) Affiant is the provider of a premarital preparation course as prescribed by Chapter 98-403, Laws of Florida.

4) The premarital preparation course Instructors name is: _____

5) The premarital preparation course instructor's qualifications are as follows: (Check applicable qualification(s) and provide license# where indicated)

a. __ clinical social worker licensed under Chapter 491, Florida Statutes:

License Number _____

b. __ clinical social worker licensed under Chapter 491, Florida Statutes:

License Number _____

c. __ marriage and 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: _____

f. __ a provider designated in writing by a chief judge of a judicial circuit.

g. __ Affiant has complied with the premarital preparation course requirements as set forth in Section 741.0305 for providers of premarital preparation courses.

Affiant

Sworn to and subscribed before me this ____ day of _____, 20____, by _____, Affiant, who is _____ personally known to me or who has produced the following _____ Identification.

Affix Official Seal

Clerk of the Circuit Court /Deputy Clerk/Notary Public