

**REGISTRATION AFFIDAVIT FOR PREMARITAL PREPARATION COURSE PROVIDER**

Before me, the undersigned authority, personally appeared the individual, designated as "Affiant", who after being duly cautioned and sworn, deposes and states as follows:

- 1. Affiant's name is: \_\_\_\_\_  
Church/Organization: \_\_\_\_\_
- 2. Affiant's address is: \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_)-\_\_\_\_\_ email or website: \_\_\_\_\_
- 3. Affiant is the provider of a premarital preparation course prescribed by 741.0305 Florida Statute. The course provided complies with the course requirements set forth by the Florida Statutes.
- 4. The premarital preparation course instructor's name is: \_\_\_\_\_
- 5. 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 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 496.404(19), Florida Statute, with the following relevant training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - f. \_\_\_\_\_ School counselor who is certified to offer the course.

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who is personally known to me or who produced the following identification:

\_\_\_\_\_.

\_\_\_\_\_  
Clerk of the Circuit Court or Notary Public

Official Seal

Please Return to: Clerk of the Circuit Court, Recording/Marriage Dept.  
3315 Tamiami Trail E, Ste 102, Naples FL 34112