

**PREMARITAL COURSE PROVIDER AFFIDAVIT
CLERK OF THE CIRCUIT COURT
SARASOTA COUNTY**

Florida Statute 741.0305(5) states that "All area course providers shall register with the clerk of the circuit court by filing an affidavit in writing attesting to the provider's compliance with the premarital preparation course requirements as set forth in this section and including the course instructor's name and qualifications, including the license number, if any, or, if an official representative of a religious institution, a statement as to relevant training. The affidavit shall also include the addresses where the provider may be contacted."

Your signature will need to be notarized. Please check the applicable definition of a qualified premarital preparation course instructor below that applies to you. Complete the name, title, and address and contact information. **If the Instructor is a representative of a religious institution, attach a statement as to relevant training.**

I hereby attest that I am in compliance with the premarital preparation course requirements as set forth in Florida Statute 741.0305, including the following

Florida Statute 741.0305(3)(a) defines qualified premarital preparation course instructors as:

- A psychologist licensed under Florida Statute chapter 490.
- A clinical social worker licensed under Florida Statute chapter 491
- A marriage and family therapist licensed under chapter 491
- A mental health counselor licensed under chapter 491
- An official representative of a religious institution which is recognized under statute 496.404(19), if the representative has relevant training.
- Any other provider designated by a judicial circuit, including but not limited to, school counselors who are certified to offer such courses. Each judicial circuit may establish a roster of area course providers, including those who offer the course on a sliding fee scale or for free.

Course Instructor's Name: _____

Course Instructor's Title: _____

Instructor Address: _____

Instructor Telephone Number: _____

Instructor License Number: _____

Course Provider's Business or Institution Name (if different than the Instructor's _____

Course Provider Address (If different than the Instructors): _____

Course Provider Telephone Number (If different than the Instructors: _____

A statement regarding relevant training is required for instructors that represent a religious institution.

Name/Date

STATE OF FLORIDA

COUNTY OF _____

Before me personally appeared _____, who produced _____ as identification, to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes herein expressed. WITNESS my hand and official seal this _____ day of _____, 19____.

NOTARY PUBLIC/DEPUTY CLERK

**RETURN ORIGINAL SIGNED AND NOTORIZED AFFIDAVIT TO:
CLERK OF THE CIRCUIT COURT
CIVIL CUSTOMER SERVICE/MARRIAGE
PO BOX 3079
SARASOTA, FL 34230-3079**