

Registration Affidavit for Premarital Preparation Course Provider
Florida Statute Section 741.0305

State Of Florida, County Of Putnam

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: _____

Affiant's daytime phone number is: _____

Affiant's web or email address is: _____

3. Affiant is the provider of a Premarital Preparation Course as prescribed by Chapter 741, 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 Florida Statute 496.404(19). This official has the following training:

f. ____ A provider designated in writing by the Chief Judge of the Judicial Circuit in _____ County, Florida.

6. Affiant has compiled and will comply with the premarital preparation course requirements set forth in Section 741.0305, Florida Statutes (1998).

7. Affiant is executing and filing this Affidavit with the Putnam County Clerk of the Circuit Court to comply with the registration requirements of Florida Statute 741.0305(1998) for providers of premarital preparation courses.

8. Affiant will notify the Office of the Clerk in writing if any of the information indicated above changes in any way.
FURTHER AFFIANT SAYETH NAUGHT.

Affiant's Signature

Print Affiant's Name

Sworn and subscribed before me this _____ day of _____

By _____, who is _____ personally known to me or

_____ Who produced the following identification: _____

Official Seal

Notary Public

**Please return this form to: Clerk Of Courts
Attn: Customer Service
P.O. Box 758
Palatka, FL 32178-0758**