

**PREMARITAL COURSE PROVIDER AFFIDAVIT**

**STATE OF FLORIDA  
COUNTY OF MARTIN**

Before me this date personally appeared \_\_\_\_\_ who being duly sworn  
deposes and states:

- 1. Course Provider (Institutions name): \_\_\_\_\_
- 2. Course Instructor's name: \_\_\_\_\_
- 3. Telephone number: \_\_\_\_\_
- 4. Address: \_\_\_\_\_  
\_\_\_\_\_
- 5. Instructor's license number or relevant training (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a representative of \_\_\_\_\_, a provider of premarital  
preparation course, I hereby certify and attest that the provider has met the requirements set forth  
in s741.0305, Florida Statutes.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
By \_\_\_\_\_, who is personally known to me or who provided  
identification and who did take an oath.

\_\_\_\_\_  
Notary Public

(stamp)