

ROGER D. EATON
CHARLOTTE COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER
350 EAST MARION AVENUE
PUNTA GORDA, FLORIDA 33950

PREMARITAL COURSE PROVIDER AFFIDAVIT

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, address and contact information.

I hereby attest that I am in compliance with the Premarital Preparation Course requirements as set forth in the Florida State 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 religious institution which is recognized under F.S. 496.404(19).

Course Instructor's Name: _____

Course Instructor's Title: _____

Instructor's Address: _____

Instructor's Telephone Number: _____

Instructor's Email Address: _____

Course Provider's Business or Institution Name (if different than the instructors): _____

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

Course Provider's Telephone Number (if different than the Instructors): _____

Please check this box before signing.

It is my responsibility to notify Charlotte County Clerk of Court Official Records if there is a change of status from my registered organization, phone number, providers name and services to public by calling the Official Records division at (941)637-2240 and provide changes in writing.

Providers Signature: _____ Date: _____

Providers Printed Name: _____

STATE OF FLORIDA

COUNTY OF _____

Before me personally appeared _____, who produced _____

As identification, to me 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 _____, 20__.

You can mail or hand deliver your affidavit to the address listed above. Attn: Official Records.