

PREMARITAL COURSE PROVIDER AFFIDAVIT
LEE COUNTY CLERK OF THE CIRCUIT COURT

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.

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).

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): _____

I offer my service to the public: Yes No

Please check this box before signing.

It is my responsibility to notify Lee County Clerk of Court Recording Office if there is a change of status from my registered organization name, phone number, providers name and services to public from the Lee County Clerk of Court website. And I will send an email to RecSupport@leeclerk.org or call (239)533-5007 for any changes.

Providers Signature: _____ Date: _____

Providers Printed Name: _____

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 _____, 20____.

Notary Print Name

Notary Signature

(Seal)

You can mail, fax or hand deliver your affidavit to the address listed below.