



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.”

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 Instructor) _____

Course Provider Address (If different than Instructor): _____

Course Provider Telephone Number (If different than Instructor): _____

I offer my service to the public: ☐ Yes ☐ No

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

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).

I acknowledge that it is my responsibility to notify Lee County Clerk of Court’s 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. I will send an email to RecSupport@leeclerk.org for any changes.

Providers Signature: _____ Date: _____

Providers Printed Name: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ audio-video communication technology, this _____ day of _____, 20____, by _____ who ☐ is personally know to me or ☐ produced _____ as identification.

(SEAL)

Notary Printed Name

Notary Signature

You can mail your affidavit to the address listed below.

RECORDING OFFICE

PO Box 2278, Fort Myers, FL 33902-2278 | Phone: (239) 533-5007