



**Gary Knowles**

**Clerk of the Circuit Court and County Comptroller**  
Taylor County, Florida

## **Premarital Course Provider Registration Instructions and Affidavit**

**Florida Statute 741.0305(5) states:** "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."

### **INSTRUCTIONS:**

*For organizations with multiple providers, each individual provider must complete a separate Affidavit pursuant to F.S. §741.0305(5).*

1. **Check** the definition of a qualified premarital preparation course instructor that applies to you.
2. **Complete** Course Instructor Information section.
3. **Sign Affidavit in the presence of a Notary Public.**
4. **Attach** a statement as to relevant training, if you are a representative of a religious institution.
5. **Return** completed affidavit to Taylor County Clerk and Comptroller's Office by mail, fax, or email.

**MAIL:** Taylor County Clerk and Comptroller  
Attn: Marriage Licenses  
P.O. Box 620, Perry, FL 32348

**FAX:**  
850-838-3549

**EMAIL:**  
marriage.lic@taylorclerk.com

### **PREMARITAL COURSE PROVIDER AFFIDAVIT**

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. License No. \_\_\_\_\_
- ☐ A clinical social worker licensed under Florida Statute chapter 491. License No. \_\_\_\_\_
- ☐ A marriage and family therapist licensed under Florida Statute chapter 491. License No. \_\_\_\_\_
- ☐ A mental health counselor licensed under Florida Statute chapter 491. License No. \_\_\_\_\_
- ☐ An official representative of a religious institution which is recognized under Florida Statute 496.404(23).  
Include or attach a statement of relevant training: \_\_\_\_\_

- ☐ A provider designated by a judicial circuit, which may include, but is not limited to, school counselors who are certified to offer such courses. Attach a copy of such designation.

### **Course Instructor Information** *This information may be published on TaylorClerk.com.*

**Chose One:** ☐ This is a new registration.  
☐ This is an updated registration.

Name: _____	Address: _____
Title: _____	City, State: _____
Organization: _____	Zip: _____
Business Phone: _____	Email: _____
Cell Phone: _____	Website: _____
Signature: _____	Date: _____

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
who is ☐ personally known to me, OR ☐ produced identification in the form of \_\_\_\_\_.

Notary Public: \_\_\_\_\_ Seal: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

**NOTE: This Affidavit is renewable every year upon the anniversary date of registration.**