

PREMARITAL COURSE PROVIDER AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME this date personally appeared _____ who being duly sworn, deposed and stated:

1. Provider Name _____

2. Provider Address _____

Phone # _____

3. Instructors Name (including any license number if any) _____

4. **Attached hereto are instructor's qualifications. If instructor is an official representative of a religious institution, statement as to relevant training is attached. Ex: Copy of Minister's License, Counselor's Certificate, etc...**

5. As a representative of _____, provider of a premarital preparation course, I hereby certify and attest that I have met the requirements set forth in Section 741.0305, Florida Statutes.

Dr. Roberto Jimenez
Witness/Provider

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.

Edwin Sandoval
Notary Public

