

CLERK OF CIRCUIT COURT AND COMPTROLLER
OKALOOSA COUNTY
RECORDS DIVISION

SECTION: Marriage Licenses

POLICY NO.: 6309

SUBJECT: Premarital Preparation Course Provider Affidavit

EFFECTIVE DATE: January 1, 1999

PREVIOUSLY ASSIGNED PROCEDURE NO.: MLS H.3

SUBJECT: Provide affidavit for premarital course providers

REFERENCES:

Florida Statutes 741.0305

PREMARITAL COURSE PROVIDER AFFIDAVIT

STATE OF FLORIDA
COUNTY OF OKALOOSA

Provider Name

Institution Name

Address

DR. Roberto Jimenez
RJimenez Counseling, Inc.
3081 Salzedo St. #202 Coral Gables, FL
33134 Telephone Number (305) 414-2199

Instructor Names – include license number, if any:

LMFT # MT1984, qualified as 3 MFT (select from below)
LMHC # MH10038, qualified as 4 MHC (select from below)

1. A psychologist licensed under chapter 490
2. A clinical social worker licensed under chapter 491
3. A marriage and family therapist licensed under chapter 491
4. A mental health counselor licensed under chapter 491
5. An official representative of a religious institution which is recognized under 496.404(19), if the representative has relevant training.
6. Any other provider designated by a judicial circuit, including, but not limited to, school counselors who are certified to offer such courses. Each judicial circuit may establish a roster of area providers, including those who offer the course on a sliding fee scale or for free.

Please attach instructor qualifications. If the instructor is a representative of a religious institution, please attach a statement as to relevant training and/or copy of ordination certificate.

I hereby certify and attest that the provider has met the requirements as set forth in F.S. 741.0305.

Signature

R. Jimenez

Date

03.06.2025

STATE OF FLORIDA
COUNTY OF

Okaloosa

Sworn to (or affirmed) and subscribed before me this 06 day of March, 2025, by

Edwin Sandoval
(Signature of Notary Public - State of Florida or Deputy Clerk)

Edwin Sandoval
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ or Produced Identification _____ Type of Identification Produced _____

Sign, and return this page to:

Clerk of Circuit Court
101 E. James Lee Blvd
Attn: Marriage License
Crestview, FL. 32536
(850) 689-5800 ext 3361

