



**FOURTEENTH JUDICIAL CIRCUIT**  
**Registration Affidavit for Premarital Preparation Course Providers**

I, \_\_\_\_\_ [Authorized Representative], of \_\_\_\_\_, a provider of a premarital preparation course, am over 18 years of age, am *sui juris*, and am otherwise competent to make this affidavit, being duly sworn, hereby certify, swear and/or affirm that the following information is true and correct:

1. I hereby certify and attest that the provider meets the requirements as set forth in 741.0305, Florida Statutes. I have attached all course materials to this Affidavit, including a template certificate of completion which specifies the manner the course was conducted (personal, videotape or other instruction via electronic medium).
2. I hereby certify and verify that the offered course is not less than 4 hours in length.
3. I have the authority to act on behalf of and to bind the Premarital Preparation Course provider.
4. The premarital preparation course instructor's name is: \_\_\_\_\_

**If more than one instructor is providing the pre-marital course under the registering provider:  
 Attach a list of instructors' names, qualification(s) and a copy of the qualifying credentials for each.**

5. The premarital preparation course instructor's qualifications are as follows:

\_\_\_\_ A psychologist licensed under F.S. 490. **License Number:** \_\_\_\_\_

\_\_\_\_ A clinical social worker licensed under F.S. 491. **License Number:** \_\_\_\_\_

\_\_\_\_ A marriage and family therapist licensed under F.S. 491. **License Number:** \_\_\_\_\_

\_\_\_\_ A mental health counselor licensed under F.S. 491. **License Number:** \_\_\_\_\_

\_\_\_\_ An official representative of a religious institution which is recognized under F.S. 496.404(23) (a statement describing relevant training should be included).

\_\_\_\_ A school counselor who is certified to offer the course.

**I DECLARE UNDER PENALTY OF PERJURY**, under the laws of the State of Florida, that the statements and facts indicated in this Affidavit are true and correct.

Signature Dr. Roberto Jimenez Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF Washington

Sworn to and subscribed before me this 13 day of February, 2025, by Roberto Jimenez, who is personally known to me or who produced the following identification: Driver License.

Official Seal

Edwin Sandoval

\_\_\_\_\_  
 Clerk of the Circuit Court or Notary Public

