



MartinClerk.com

**CAROLYN TIMMANN**  
Clerk of the Circuit Court & Comptroller  
Martin County • Florida  
P. O. Box 9016 • Stuart, Florida 34995  
(772) 288-5576

## Registration Affidavit for Premarital Course Provider

1. Affiant Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Affiant Business Address: \_\_\_\_\_  
Affiant Contact Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization/Church Name: \_\_\_\_\_

2. The premarital course provider's qualifications are:  
(Check applicable qualification(s) and provide license number where indicated)

☐ A psychologist licensed under Chapter 490, Florida Statutes. License# \_\_\_\_\_

☐ A clinical social worker licensed under Chapter 491, Florida Statutes. License# \_\_\_\_\_

☐ A marriage and family therapist licensed under Chapter 491, Florida Statutes. License# \_\_\_\_\_

☐ A mental health counselor licensed under Chapter 491, Florida Statutes. License# \_\_\_\_\_

☐ An official representative of a religious institution which is recognized under Florida Statute 496.404(23). This official has the following relevant training: \_\_\_\_\_

☐ Any other provider designated by a judicial circuit, including but not limited to, school counselors who are certified to offer such courses. License# \_\_\_\_\_

Under penalty of perjury, I hereby certify and attest that I am in compliance with the premarital preparation course requirements as set forth in section 741.0305, Florida Statutes.

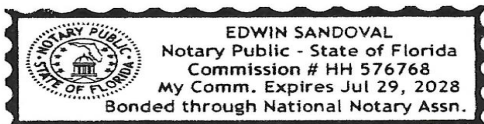
Affiant Signature Dr. Roberto Jimenez Date \_\_\_\_\_

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
who is ☐ personally known to me or ☐ who has produced the following identification: \_\_\_\_\_

\_\_\_\_\_

(SEAL)



Edwin Sandoval

(Signature of Notary Public/Deputy Clerk)

(Printed Name)

**Please return completed affidavit to:**  
Clerk of the Circuit Court & Comptroller  
Attention: Official Records Division  
P.O. Box 9016  
Stuart, Florida 34995