

**JUAN FERNANDEZ-BARQUIN**  
**CLERK OF THE COURT AND COMPTROLLER**  
**MIAMI-DADE COUNTY**

**PREMARITAL COURSE PROVIDER AFFIDAVIT**

**Provider Name:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

Instructor's Qualifications: (Please mark the applicable ones)

- \_\_\_\_\_ A psychologist licensed under F.S. 490.
- \_\_\_\_\_ A clinical social worker licensed under F.S.491.
- \_\_\_\_\_ A marriage and family therapist licensed under F.S. 491.
- \_\_\_\_\_ A mental health counselor licensed under F.S. 491.
- \_\_\_\_\_ An official representative of a religious institution which is recognized under F.S. 496.404(23), with relevant training.

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

As a representative of \_\_\_\_\_, a provider of a premarital preparation course, I hereby certify and attest that the provider has met the requirements as set forth in 741.0305, Florida Statutes.

\_\_\_\_\_  
Affiant's Signature Title

Sworn to and subscribed before me on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_  
County, Florida.

\_\_\_\_\_  
Notary/Deputy Clerk Personally Known

\_\_\_\_\_  
Produced I.D. Type & Number

**\*\*If there is a change to any of the above information the provider must submit an updated affidavit.**