

**Luis G. Montaldo, Clerk Ad Interim
Circuit & County Courts
Miami-Dade County, Florida**

PREMARITAL COURSE PROVIDER AFFIDAVIT

Provider Name: _____

Address: _____

Telephone Number: _____

Instructor's Name: _____

Email: _____

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.**