

Wakulla County
Registration Affidavit for
Premarital Preparation Course Provider
(Chapter 98-403, Laws of Florida)

STATE OF FLORIDA

COUNTY OF WAKULLA

Before me, the undersigned authority personally appeared the individual as "Affiant" in Paragraph 1 of this affidavit, and after first being duly cautioned and sworn the Affiant deposes and states as follows:

- 1) Affiant's name is: _____
- 2) Affiant's address is: _____
- 3) Affiant is the provider of a premarital preparation course as prescribed by Chapter 98-403, Laws of Florida.
- 4) The premarital preparation course instructor's name is: _____
- 5) The premarital preparation course instructor's qualifications are as follows:

(Check applicable qualification(s) and provide license # where indicated)

- a. _____ psychologist licensed under Chapter 490 Florida Statutes:
License Number: _____
- b. _____ clinical social worker licensed under Chapter 491 Florida Statutes:
License Number: _____
- c. _____ marriage and family therapist licensed under Chapter 491 Florida Statutes:
License Number: _____
- d. _____ mental health counselor licensed under Chapter 491 Florida Statutes:
License Number: _____
- e. _____ official representative of a religious institution recognized under Florida Statute 496.404(19), I have had the following relevant training: _____

- f. _____ a provider designated in writing by a chief judge of a judicial circuit.
- g. _____ Affiant has complied with the premarital preparation course requirements as set forth in section 741.0305 for providers of premarital preparation courses.

Affiant

Sworn to and subscribed before me this ____ day of _____ 20__, by _____

Affiant, who is personally known to me or who has produced the following identification:

Affix Official Seal

Clerk of the Circuit Court /Deputy Clerk/Notary Public