



Office of Paula S. O'Neil  
Clerk & Comptroller  
Pasco County, Florida

**Registration Affidavit for Premarital Course Provider**

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

*(Information provided in Paragraph 1 will be **published** on the Pasco County Clerk & Comptroller's website [www.pascoclerk.com](http://www.pascoclerk.com))*

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 \_\_\_\_\_ Date \_\_\_\_\_

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

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_,

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

\_\_\_\_\_.

- valid driver license*       *identification card*

Notary Public/Deputy Clerk: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary Commission # \_\_\_\_\_