



**Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller**

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)*

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 # _____