

AFFIDAVIT OF INSTRUCTOR

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Before me the undersigned authority personally appeared _____ who, being duly sworn, deposes and says:

1. I have met all the requirements for a Premarital Course Provider under Section 741.0305 and as such am qualified to serve as a Premarital Course Provider.
2. As an instructor, my qualifications and license number (if any) are included and attached hereto and made a part hereof. (Note: If an instructor is an official representative of a religious institution, then his/her relevant training must be included.)
3. Provide counseling to same gender couples: Yes _____ or No _____.
4. At the conclusion of the Premarital Course, all course participants will be issued a Certificate of Completion in compliance with the requirements set forth under Chapter 741.
5. _____ may be contacted at the following address(es):

1st Address

2nd Address (Optional)

Phone: _____

Phone: _____

Fax: _____

Fax: _____

5. The above statements are true and shall take effect upon the signing of this affidavit.

Signature _____

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20____,
by _____, who is personally known to me or has produced _____
as identification.

(SEAL)

Signature of Notary

Printed Name of Notary Public

Commission Number:
Commission Expiration Date: