



Premarital Course Provider
Registration Instructions and Affidavit

Instructions:

- 1. Check the definition of a qualified premarital preparation course instructor that applies to you.
2. Complete Course Instructor Information section.
3. Sign Affidavit in the presence of a qualified Notary Public.
4. Attach a statement as to relevant training, if you are a representative of a religious institution.
5. Return the completed affidavit to Hillsborough County Clerk of Court & Comptroller's Office by mail, fax, or email.

Mail: P.O. Box 3249 Tampa, FL 33602 Fax: 813-276-2114 Email: recording@hillsclerk.com

PREMARITAL COURSE PROVIDER AFFIDAVIT

Florida Statute 741.0305(3)(a) defines a qualified premarital preparation course instructor as (select your applicable qualification):

- Options for qualifications: A psychologist licensed under Florida Statute chapter 490, A clinical social worker licensed under Florida Statute chapter 491, A marriage and family therapist licensed under Florida Statute chapter 491, A mental health counselor licensed under Florida Statute chapter 491, An official representative of a religious institution which is recognized under Florida Statute 496.404(23).
Include or attach a statement of relevant training:

- Any other provider designated by a judicial circuit, including, but not limited to, school counselors who are certified to offer such courses. Attach a copy of such designation.

Course Instructor Information (this info is subject to public records requests and may be published online at hillsclerk.com):

Choose One: [] This is a new registration [] This is an updated registration

Name: Address:
Title: City, State:
Organization: Zip:
Business Phone: Email:
Cell Phone: Website:

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, their relevant training must be included.)
3. Provide counseling to same gender couples: Yes ___ or No ___.
4. At the conclusion of the Premarital Course, I will issue all course participants a Certificate of Completion in compliance with the requirements set forth under chapter 741.
5. The above statements are true and shall take effect upon the signing of this affidavit.

Signature _____ Date: _____

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

Signature of Notary _____ (SEAL)

Printed Name of Notary Public _____ Commission Number: _____
Commission Expiration Date: _____