



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 _____

SWORN TO (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization,
this _____ day of _____, by _____.

Signature of Notary/Deputy Clerk

Print/stamp commissioned name/Notary Public/Commission #

Personally Known or Produced Identification
(Check One)

Type of ID: _____