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SANTA ROSA COUNTY, FLORIDA

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Premarital Course Provider Affidavit

Provider Name: _____

Address: _____

Telephone Number: (____) _____

Email: _____ Website: _____

Instructor's Name: _____

Please attach instructor's qualifications. If the instructor is a representative of a religious institution, please attach a statement as to relevant training.

As a representative of _____, a provider of a premarital preparation course, I do hereby certify and attest that the provider has met the requirements as set forth in Florida Statute 741.0305.

Name

Date

State of _____

County of _____

The foregoing instrument was acknowledged before me via ☐ physical presence OR ☐ online notarization this ____ day of _____, 20____, by

who is ☐ personally known OR ☐ produced identification.

Type of identification produced

Signature of Notary Public