

MARRIAGE COURSE PROVIDER AFFIDAVIT

CLERK OF THE CIRCUIT COURT
BREVARD COUNTY

Provider Name: _____

Address: _____

Telephone Number: _____

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

Name

Date

CREDENTIALS

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

Email: _____

Degrees: _____

Professional Organizations: _____

Present Position: _____

Duties: _____

Qualified Instructors as defined by 741.0305, F.S., include:

1. A psychologist licensed under Chapter 490
2. A clinical social worker licensed under Chapter 491
3. A marriage and family therapist licensed under Chapter 491
4. A mental health counselor licensed under Chapter 491
5. An official representative of a religious institution which is recognized under Florida Statute 496.404(23), if the representative has relevant training
6. Any other provider designated by a judicial circuit, including, but not limited to, school counselors who are certified to offer such courses