



KELVIN SOTO, ESQ.

**OSCEOLA CLERK OF THE CIRCUIT COURT
& COUNTY COMPTROLLER**

"Advancing the well-being of all, one person at a time."

RECORDING DIVISION

AFFIDAVIT OF PREMARITAL COURSE PROVIDER

First & Last Name _____
Street Address _____
City, State, Zip _____
Telephone _____
Email Address _____
Organization _____
License Number _____

Please attach proof of qualification to this affidavit. If the instructor is a representative of a religious institution or a member of clergy, please provide a statement as to the relevant training.

I, _____, a provider of a premarital preparation course, hereby certify and attest that I have met the requirements as set forth in section 741.0305, Florida Statutes.

Signature of Provider

JURAT

STATE OF _____
COUNTY OF _____

SWORN TO (OR AFFIRMED) and subscribed before me by means of physical presence or online notarization this _____ day of _____, 20____, by _____, who is personally known or produced _____, as identification.

Signature of Notary Public

Printed Name of Notary Public

Expiration of Commission

REV. 10/2023