

AFFIDAVIT OF PARENTAL CONSENT FOR MARRIAGE OF MINOR

BE IT KNOWN that I _____
Name of parent/guardian

Parent/Legal Guardian of _____
Name of minor

hereby give my consent to his/her marriage.

Other Parent Information:

Divorced, Granted Sole Responsibility or Specific Ultimate Responsibility to Consent to Marriage YES NO
____ Certified Copy of Divorce attached

Deceased YES NO
____ Certified Copy of Death Certificate attached

Marriage License Applicants information:

Minor Party:

The person to whom I am giving legal consent is at least 17 years old YES NO

Name: _____

Age: _____ DOB _____

SS#: _____
Social Security number or alien registration number

____ Copy of ID attached

____ Copy of Birth Certificate attached.

The Older party is not more than 2 years older than the younger party YES NO

Other Party:

Name: _____

Age: _____ DOB _____

SS#: _____
Social Security number or alien registration number

___ Copy of ID attached
___ Copy of Birth Certificate attached.

I declare that all statements made in this Affidavit of Parental Consent for Marriage of Minor are true and correct.

Signature of Parent or Guardian
___ Copy of ID attached

Printed name of Parent of Guardian

STATE OF FLORIDA
COUNTY OF ST. JOHNS

The foregoing instrument was sworn to and subscribed before me this _____ day of _____, _____.

Personally known _____ or Produced Identification _____.
Physical presence _____ or Online notarization _____

Deputy Clerk / Notary Public