



**KELVIN SOTO, ESQ.**  
CLERK OF THE CIRCUIT COURT & COUNTY COMPTROLLER  
OSCEOLA COUNTY, FLORIDA

## **Premarital Course Provider Requirements**

If you are interested in being added to the Premarital Course Provide list for Osceola County, please follow the directions below,

- Complete, sign, and notarize the Premarital Course Provider Affidavit.
- Include a copy of your driver's license
- Include a copy of your credentials
  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 s.496.404(19), if the representative has a detailed statement of relevant training.

To submit a request, please mail or hand-deliver your notarized affidavit and copies to:

Osceola County Courthouse

Marriage Department

2 Courthouse Square

Kissimmee, FL 34741

Upon receiving the required documents, you will be added to the Osceola County Courthouse provider's list. Couples that attend your counseling course must be provided with a counseling certificate, stating they have completed a minuum of four hours of counseling, how the course was conducted, and the couple's names. They must provide the counseling certificate at the time the couple applies for a marriage license.

If you have any question, please call (407) 742-3530



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**Premarital Course Provider Affidavit**

**Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Instructor's Name and License Number:**  
\_\_\_\_\_

**Please attach instructor qualification. 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 hereby certify and attest that the provider has met the requirements as set forth in s.7410305, Florida Statutes.**

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

**The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
**Name of Notary**

\_\_\_\_\_  
**Signature of Notary**

**Personally known  OR Produced Identification**

**Type of identification produced \_\_\_\_\_**