

**KEN BURKE
CLERK OF THE CIRCUIT COURT
RECORDING SERVICES DEPARTMENT
ATTENTION: PREMARITAL PROVIDER LIST
315 COURT STREET, ROOM 150
CLEARWATER, PINELLAS COUNTY, FLORIDA**

PROVIDER NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Name of Instructor(s) – Include License Number, if any:

Please attach instructor 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 hereby certify and attest that the provider has met the requirements as set forth in s.741.0305, Florida Statutes.

Name

Date

STATE OF FLORIDA

County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____

By _____ who produced _____
(Name of affiant) (Type of identification)

(SEAL)

Signature of Notary Public