

**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**