

# AFFIDAVIT OF INSTRUCTOR

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Before me the undersigned authority personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:

1. I have met all the requirements for a Premarital Course Provider under Section 741.0305 and as such am qualified to serve as a Premarital Course Provider.
2. As an instructor, my qualifications and license number (if any) are included and attached hereto and made a part hereof. (Note: If an instructor is an official representative of a religious institution, then his/her relevant training must be included.)
3. Provide counseling to same gender couples: Yes \_\_\_\_\_ or No \_\_\_\_\_.
4. At the conclusion of the Premarital Course, all course participants will be issued a Certificate of Completion in compliance with the requirements set forth under Chapter 741.
5. \_\_\_\_\_ may be contacted at the following address(es):

1<sup>st</sup> Address

2<sup>nd</sup> Address (Optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

6. The above statements are true and shall take effect upon the signing of this affidavit.

Signature \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced  
\_\_\_\_\_ as identification.

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

(SEAL)

\_\_\_\_\_  
Printed Name of Notary Public

Commission Number: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_