

DON BARBEE JR.,  
HERNANDO COUNTY CLERK OF CIRCUIT COURT & COMPTROLLER  
**Records Management Department – Recording/Marriage/Passports**  
20 North Main St. – RM#362, Brooksville, FL 34601  
(352) 540-6768 / Fax (352) 754-4243 / Email: [www.hernandoclerk.com](http://www.hernandoclerk.com)

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January 30, 2013

**RE:** Registration as a Provider of a Premarital Preparation Course@

Dear Clergy of Hernando County,

As many of you may be aware, the statutes governing the issuance of marriage licenses by the Clerk of Court changed in 1999 to allow a \$32.50 reduction of fees with the completion of a **pre-marital course** by the applicants. In order to qualify for the reduction, the couple must provide a certificate of completion from a *registered course provider*. Many members of the clergy provide a letter of completion, however, by law our office cannot reduce the fee if the *course provider* is not registered and the proper information regarding the *course curriculum* is not furnished to our office.

**If you are not currently registered** and would like to assist your parishioners in reducing the cost of their marriage license, **please review and complete** the accompanying affidavit. **Upon completion of the form(s)**, please **return them to** the following address: Clerk of Circuit Court, Attention: Recording Supervisor, 20 N. Main St. - Room 362, Brooksville FL. 34601. A standard *Certificate of Completion@* form, as well as a copy of the statute governing the issuance of marriage licenses, is included. **Please note** that a separate form **must be completed by each provider/instructor** for your establishment.

Should you already be registered or know another member of the clergy who may not have received this packet, please feel free to copy or share this information with others. If you desire additional information, please feel free to contact me or Jo Ann Pilgrim, Recording Supervisor at (352) 540-6768. Thank you for your time and attention to this matter.

Sincerely,

DON BARBEE JR.  
Clerk of Circuit Court

Patricia A. Galbraith  
Records Management Director

Attachments:

# NOTICE

## “Premarital Preparation Course PROVIDER(s)”

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If/when you no longer wish to provide/offer the Premarital Course, PLEASE Notify the Hernando County Clerk’s Office at 20 N. Main St., RM#215, Brooksville, FL., 34601. Your name will then be removed from our list of Registered Providers.

\*\*\*Your notification must be provided in writing, signed by the Provider and include the following information. *Full Name and Title of Provider, Address, Phone Number, and if known, the date the Provider registered with our office.*\*\*\*

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**Please Note:** If someone from your establishment / church / organization, etc. was a previous Premarital Course Provider and is now deceased, Please notify our office so that we may remove the individual from our list of Registered Providers. Thank you!

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**REGISTRATION AFFIDAVIT FOR  
PREMARITAL PREPARATION COURSE PROVIDER**  
(Florida Statute Chapter 741.0305)

Affiant is the provider of a premarital preparation course as prescribed by Florida Statutes, Chapter 741.0305.

1. Affiant's name is: \_\_\_\_\_
2. Affiant's address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Affiant's Phone Number: \_\_\_\_\_
4. Affiant's Church/Organization Name & Address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Affiant's premarital preparation course is: **OPEN TO THE PUBLIC** \_\_\_\_\_  
**CONGREGATION ONLY** \_\_\_\_\_
6. Affiant's premarital preparation course qualifications are as follows:  
*(Check applicable qualification(s) and provide license number where indicated)*
  - A) \_\_\_\_\_ Official representative of a religious institution recognized under FS 496.404(20)\*\*  
\*\*This official has had the following relevant training\*\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - B) \_\_\_\_\_ Psychologist licensed under Chapter 490, Florida Statutes  
License Number: \_\_\_\_\_
  - C) \_\_\_\_\_ Clinical Social Worker licensed under Chapter 491, Florida Statutes  
License Number: \_\_\_\_\_
  - D) \_\_\_\_\_ Marriage and Family Therapist licensed under Chapter 491, Florida Statutes  
License Number: \_\_\_\_\_
  - E) \_\_\_\_\_ Mental Health Counselor licensed under Chapter 491, Florida Statutes  
License Number: \_\_\_\_\_
  - F) \_\_\_\_\_ A provider designated in writing by a Chief Judge of a Judicial Circuit.  
\_\_\_\_\_

7. Affiant has complied with the premarital preparation course requirements as set forth in Section 741.0305, Florida Statutes.

\_\_\_\_\_

Affiant / Instructor Signature

State of Florida  
County of Hernando

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_ Affiant / Instructor, 9 who is personally known to me or 9 who has produced the following identification: \_\_\_\_\_.

\_\_\_\_\_

Notary Public

(Affix Official Seal)

# CERTIFICATE OF COMPLETION OF PREMARITAL PREPARATION COURSE

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1. This Certificate of Completion of a Premarital Preparation Course was issued and given to:

\_\_\_\_\_  
Name of *Bride and Groom* – (Please Print)

\_\_\_\_\_  
Name of Provider (Church or Organization) - (Please Print)

A qualified course provider who is registered with the **Office of the Hernando County Clerk of Circuit Court**, pursuant to Section 741.0305, Florida Statutes.

2. The Premarital Preparation Course was not less than four (4) hours.
3. The date of completion is: \_\_\_\_\_
4. The manner in which the course was completed, pursuant to Section 741.0305(1) & (4), Florida Statutes, was by (mark all that apply):

\_\_\_\_\_ Personal Instruction

\_\_\_\_\_ Videotape Instruction

\_\_\_\_\_ Instruction via other electronic medium

\_\_\_\_\_ A combination of all these methods listed above

\_\_\_\_\_  
Instructor Name & Title (Please Print)

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date Signed

<b><i>Official Use Only</i></b> Marriage License Number:	Recorded in OR BK _____ Page _____
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