

# CERTIFICATE OF CONSENT FOR MARRIAGE

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

**BE IT KNOWN**, that We (I) the Parents (Parent) of \_\_\_\_\_  
(Name of Minor)

Who is \_\_\_\_\_ years of age, do hereby give our (my) consent to (his) (her)

Marriage to \_\_\_\_\_, who is \_\_\_\_\_ years of age.

BOTH PARENTS MUST SIGN CONSENT UNLESS THEY ARE DIVORCED AND ONE PARENT WAS GRANTED AUTHORITY TO MAKE THIS DECISION BY COURT ORDER, OR IF ONE PARENT IS DECEASED, THIS AFFIDAVIT MUST SO STATE,

**PLEASE INDICATE BELOW**

DIVORCED, GRANTED FULL CUSTODY      **OR**      DECEASED  
\_\_\_ Yes                                      \_\_\_ No                                      \_\_\_ Yes      \_\_\_ No

ORIGINAL OR CERTIFIED BIRTH CERTIFICATE  
      \_\_\_ YES      \_\_\_ NO

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

Signed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

By \_\_\_\_\_.  
(Name of person(s) making Statement)

\_\_\_\_\_  
(Signature of Notary Public or Other Authorized Official)

**My Commission Expires:**

\_\_\_ Personally Known  
\_\_\_ Produced Identification

Type of identification: \_\_\_\_\_

**VALID FOR 30 DAYS FROM ABOVE DATE**