

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