



STATE OF FLORIDA
DEPARTMENT OF HEALTH
CERTIFICATE OF CONSENT FOR MARRIAGE

State of _____

County of _____

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

BOTH PARENTS MUST SIGN THIS CERTIFICATE OF CONSENT UNLESS THIS AFFIDAVIT STATES THAT ONE PARENT IS DECEASED OR THAT PARENTS ARE DIVORCED AND THE PARENT SIGNING THE CERTIFICATE WAS GRANTED SOLE RESPONSIBILITY OF THE MINOR CHILD BY COURT ORDER OR THE COURT ORDER SPECIFICALLY GRANTS THE PARENT SIGNING THE CERTIFICATE ULTIMATE RESPONSIBILITY TO CONSENT TO THE MARRIAGE OF THE MINOR (see section 61.13, F.S.) PLEASE INDICATE BELOW.

Divorced, Granted Sole Responsibility or Specific
Ultimate Responsibility to Consent to Marriage Yes No

Deceased Yes No

Signature of Parent(s) or Guardian

Sworn to and subscribed before me, this _____

Day of _____, _____

Notary Public or Other Authorized Official

My Commission expires: _____