

**AFFIDAVIT of APPLICANT 2**

STATE OF FLORIDA  
COUNTY OF TAYLOR

Before me, the undersigned authority, personally appeared Applicant 2 and disclosed the following information pursuant to FS 741:

**FULL NAME:**

\_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN, IF APPLICABLE)

**CURRENT MAILING ADDRESS:**

\_\_\_\_\_  
STREET NUMBER AND NAME / P.O. BOX APT# CITY STATE ZIP

**NEW MARITAL MAILING ADDRESS (if different than above):**

\_\_\_\_\_  
STREET NUMBER AND NAME / P.O. BOX APT# CITY STATE ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH (mm/dd/yyyy) AGE RACE (\_\_\_\_\_) TELEPHONE NUMBER

\_\_\_\_\_  
BIRTH STATE /COUNTRY NUMBER OF THIS MARRIAGE Date Last Marriage Ended (mm/dd/yyyy):

LAST MARRIAGE ENDED BY: (choose one only) [ Divorce] [ Death of Spouse] [ Annulment]

- (I DO \_\_\_\_\_) or (I DO NOT \_\_\_\_\_) have minor child(ren) born in the state of Florida in common with Applicant 1.  
\*If yes, then you must also complete the Affirmation of Common Children Born in Florida Form §741.01
- I hereby certify that (I HAVE \_\_\_\_\_) or (I HAVE NOT \_\_\_\_\_) completed the Premarital Preparation Course pursuant to F.S. 741.01(4) and F.S. 741.0305, and have filed my Certificate of Completion herewith, if applicable.
- I have obtained and read, or accessed, the information contained in the Family Law Handbook, or other electronic media presentation, of the rights and responsibilities of a marriage application specified in 741.0306 F.S.
- Pursuant to F.S. 741.21, I confirm that I am not related to the other applicant by lineal consanguinity.

\_\_\_\_\_  
**APPLICANT 2 SIGNATURE**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_, who produced  
\_\_\_\_\_ as identification.

By: \_\_\_\_\_  
Deputy Clerk

(seal)