

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 COUNTY 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)