

IN THE COUNTY COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

CERTIFICATE OF CONSENT FOR MARRIAGE

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

BE IT KNOWN, that we (I) the Parents (Parent) of _____ 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 THIS 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 _____, _____.

Personally known _____ or Produced Identification _____.

Deputy Clerk / Notary Public