



CERTIFICATE OF CONSENT OF MARRIAGE STATE OF FLORIDA COUNTY OF ST. LUCIE

BE IT KNOWN, that we (I) the parents (parent) or guardians (guardian) of

_____ (name of minor) who is _____ years of age, do hereby
give our (my) consent to (his) (her) marriage to _____.

NOTE: Both parents must sign consent unless they are divorced and one parent was given custody of minor by a court order, or if one parent is deceased this affidavit must so state.

PLEASE INDICATE BELOW:

DIVORCED, GRANTED FULL CUSTODY ___ YES ___ NO

DECEASED ___ YES ___ NO

Signature of Parent(s) or Guardian(s)

STATE OF FLORIDA, COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me this ___ day of _____, 20___ by
_____, who is personally known or produced
_____ as identification and who ___ did ___ did not take an oath.

Commission No. _____

Deputy Clerk/Notary Public

(Name of Notary typed, printed or stamped)