BILL KINSAUL
CLERK OF COURT
& COMPTROLLER
BAY COUNTY

CERTIFICATE OF CONSENT FOR MARRIAGE

STATE OF FLORIDA

COUNTY OF BAY

BE IT KNOWN that I/we the parent(s) or guardian(s) of _____ who is _____ years of age do hereby give my/our consent to his/her marriage to _____.

BOTH PARENTS MUST SIGN CONSENT UNLESS THEY ARE DIVORCED OR NEVER BEEN MARRIED AND THE COURT HAS ISSUED FULL CUSTODY, OF THE CHILD, TO ONE PARENT OR THE FATHER ISN'T LISTED ON THE BIRTH CERTIFICATE (ATTACH COPIES OF THE COURT ORDER OR FINAL JUDGMENT), OR IF ONE PARENT IS DECEASED (ATTACH COPY OF DEATH CERTIFICATE) OR A GUARDIANSHIP HAS BEEN ISSUED BY THE COURT (ATTACH GUARDIANSHIP PAPERS) PLEASE INDICATE BELOW:

DIVORCED, ISSUED FULL CUSTODY	____ YES ____ NO
DIVORCED, SHARED CUSTODY	____ YES ____ NO
DECEASED	____ YES ____ NO
CURRENTLY MARRIED	____ YES ____ NO
NEVER MARRIED, FULL CUSTODY, FATHER NOT ON BIRTH CERT.	____ YES ____ NO
ISSUED GUARDIANSHIP	____ YES ____ NO

_____ _____
PRINT NAME OF PARENT OR GUARDIAN SIGNATURE OF PARENT OR GUARDIAN

_____ _____
PRINT NAME OF PARENT OR GUARDIAN SIGNATURE OF PARENT OR GUARDIAN

Sworn to and subscribed before me on this _____ day of _____, 20 _____.

_____
Deputy Clerk or Notary Public

Personally known or has produced _____ as identification.

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