



**TARA S. GREEN**

*Clerk of the Circuit Court, Clay County*

825 N. Orange Avenue • P.O. Box 698, Green Cove Springs, FL 32043

OFFICE 904.269.6302 • FAX 904.269.6390

info@clayclerk.com • www.clayclerk.com

**CERTIFICATE OF CONSENT FOR MARRIAGE**  
**STATE OF FLORIDA COUNTY OF CLAY<sup>1</sup>**

BE IT KNOWN, that We (I), the Parents (Parent) or Guardians (Guardian) of \_\_\_\_\_ (name of minor)(hereafter referred to as "Minor") who is seventeen (17) years of age, do hereby give our (my) consent to (his) (her) marriage to \_\_\_\_\_ who is not more than two (2) years older than Minor.

☐ Only one parent is executing this affidavit based upon one of the following reasons:

- ☐ Divorced and granted sole parental responsibility; or
- ☐ Other parent deceased

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Printed Name of Parent

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF CLAY

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the person(s) who executed the foregoing instrument, and acknowledged that (he, she, they) executed the same as (his, her, their) free act and deed.

\_\_\_\_\_  
Notary Public, State of Florida Seal

\_\_\_\_\_  
Personally known  
\_\_\_\_\_  
Produced identification  
\_\_\_\_\_  
Type of identification produced \_\_\_\_\_

<sup>1</sup> NOTE: Both parents are required to sign this consent unless they either are divorced and one parent was given SOLE parental responsibility of minor by a court order, or if the non-signing parent is deceased.