



**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)