



**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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