

**CERTIFICATION OF COMPLETION OF
QUALIFYING PREMARITAL EDUCATION**

This will certify that _____ and _____ have completed a course of Premarital education conducted by the undersigned on _____, 20____ and that such course qualifies under Section 19-3-30.1 of the Official Code of Georgia Annotated in that it included at least six hours of instruction Involving marital issues (which include but not limited to conflict management, communication skills, financial responsibilities, child and parenting responsibilities, and extended family roles) and the couple underwent the course together.

I further certify that I am:

_____ A professional counselor, social worker, or marriage and family therapist who is licensed pursuant to Chapter 10-A of Title 43 of the Official Code of Georgia Annotated (attach copy of license);

_____ A psychiatrist who is licensed as a physician pursuant of Chapter 34 of the Official Code of Georgia Annotated (attach copy of license);

_____ A psychologist who is licensed pursuant to Chapter 39 of Title 43 of the Official Code of Georgia Annotated (attach a copy of license); or

_____ An active member of _____, as Clergy who:
(Church Affiliation – Designate Status (Retired/Active))

_____ performed such education in the course of my service as clergy; or

_____ designated _____ to perform such education, and I certify that my designee is trained and skilled in premarital education and has certified to me the completion of the course by the couple.

Sworn to and certified before me on
_____ day of _____, 20____

Notary Public
My commission expires: ___/___/___

Signature

Printed Name

Address

City, State, & Zip Code

Phone Number