

CERTIFICATION OF COMPLETION OF
QUALIFYING PREMARITAL EDUCATION

This will certify that _____ and _____
have completed a course of premarital education conducted by the undersigned on
_____ and that such a 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 may include but not be 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 10A of Title 43 of the Official Code of
Georgia Annotated;

___ A psychiatrist who is licensed as a physician pursuant to Chapter 34 of Title
43 of the Official Code of Georgia Annotated;

___ A psychologist who is licensed pursuant to Chapter 39 of Title 43 of the
Official Code of Georgia Annotated;

___ An active member of the clergy who:

___ 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 _____

Notary Public

Signature

Printed Name

Address

City, State, ZIP