

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 the 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
_____, 20__

Notary Public

Signature

Print Name

Address

City, State, ZIP