

CERTIFICATION OF COMPLETION
OF
QUALIFYING PRE-MARITAL EDUCATION²

I, _____, certify that:

_____ and _____

successfully completed a course of premarital education which I conducted with both of them together, which course included at least six (6) hours of instruction involving marital issues and concluded on the following date: _____; and

at the time I conducted this course with them I was (***check each item which applies***):

- _____ (1) a professional counselor, social worker, or marriage and family therapist who is licensed pursuant to O.C.G.A. Title 43, Chapter 10A;
- _____ (2) a psychiatrist who is licensed as a physician pursuant to O.C.G.A. Title 43, Chapter 34;
- _____ (3) a psychologist who is licensed pursuant to O.C.G.A. Title 43, Chapter 39;
- _____ (4) an active member of the clergy when in the course of his or her service as clergy; and/or
- _____ (5) the designee (which may include a retired member of the clergy) of an active member of the clergy, provided that such designee is trained and skilled in premarital education.

SO CERTIFIED, this _____ day of _____, 20_____.

SIGNATURE

PRINT NAME

ADDRESS

CITY, STATE, ZIP

² This form is to be completed by the individual conducting the premarital education to each participant. Doing so complies with O.C.G.A. §19-3-30.1 (b)