

**CERTIFICATION OF COMPLETION OF
QUALIFYING PREMARITAL EDUCATION FOR MARRIAGE
APPLICANTS 17 YEARS OF AGE.**

This will certify that _____ and _____ have completed a course of premarital education conducted by the undersigned on _____ 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 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. In addition for applicants 17 years of age, the premarital education included instruction on the potential risks of marrying young, including, but not limited to, high divorce rates, increased rates of non-completion of education, greater likelihood of poverty, medical and mental health problems, and information contained within the fact sheet provided for under Code Section 19-3-41.1, including, but not limited to, information on domestic violence and website and telephone resources for victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking.

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