

## Certificate of Completion of Qualifying Premarital Education

I certify that \_\_\_\_\_ and \_\_\_\_\_  
have completed a course of premarital education conducted by the undersigned on  
\_\_\_\_\_ (date) 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.

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*; or

\_\_\_\_\_ an active member of the clergy who:

\_\_\_\_\_ performed such education in the course of my service as clergy or

\_\_\_\_\_ designated \_\_\_\_\_ (name and position of  
designated person) to perform such education, and I certify that my  
designee is trained and skilled in premarital education.

Signature:
Printed Name:
Title:
Street Address:
City, State, Zip:
Phone Number:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

My commission expires \_\_\_\_\_.