

CERTIFICATION OF COMPLETION OF QUALIFYING PREMARITAL EDUCATION

This will 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;

_____ 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.

Signature

Printed Name/Title

Address

City, State, Zip