

CERTIFICATION OF COMPLETION OF QUALIFYING PREMARITAL EDUCATION

This will certify that (Bride):_____and
(Groom):_____ 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 limited to conflict management,
communication skills, financial responsibilities, child and parenting responsibilities, and extended family
roles) and the couple underwent the course together.

I 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

Signature _____

Notary Public_____

Printed Name_____

My Commission Expires_____

Address_____

City, State _____

Zip Code_____