

**CERTIFICATION OF COMPLETION OF QUALIFYING PREMARTIAL  
EDUCATION**

This will certify that \_\_\_\_\_ and  
(Applicant #1)

\_\_\_\_\_ have completed a course of  
(Applicant #2)  
premarital education conducted by the undersigned on

\_\_\_\_\_ and that  
(List ALL dates)

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, 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.

\_\_\_\_\_ 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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

SEAL

\_\_\_\_\_  
City, State, ZIP

**(This form is to be completed by the pastor/counselor who performed the premarital education. The pastor/counselor must sign this form in the presence of a notary public. The couple should present the completed form when applying for the marriage license.)**