

**GEORGIA RESIDENTS
CERTIFICATION OF COMPLETION
OF QUALIFYING PREMARITAL EDUCATION**

(Marriage License Must Be Obtained Within 12 Months Of Date Of Completion Of This Certificate)

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.

Sworn to and certified before me on

Date

Signature

Notary Public

Printed Name

Address

City, State, Zip