

**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

\_\_\_\_\_

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

My Commission Expires \_\_\_\_\_

Signature \_\_\_\_\_

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

Address \_\_\_\_\_

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

Zip Code \_\_\_\_\_