**CERTIFICATE OF COMPLETION OF**

**QUALIFYING PREMARTIAL EDUCATION**

This will certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have completed a course of premarital education by the undersigned on \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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 skills, financial responsibilities, conflict management, communication skills, 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 10 A 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 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 Premartial education

 and has certified to me the completion of the course by the couple.

Sworn to and certified before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_. Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Printed Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address, City, State, Zip

**Please note: The Worth County Probate Court can not**

**NOTARIZE THIS CERIFICATE**