

Certification of Completion of Qualifying Premarital Education for Marriage Applicant 17 years of Age

This will certify that I have counseled _____ outside of the presence of the person s/he intends to marry and that s/he has completed a course of premarital education conducted by the undersigned on _____, 20__ and that such course qualified 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). The premarital education included instruction on the potential risks of marrying young, including, but not limited to, high divorce rates, increased rates of non-completion of education, greater likelihood of poverty, medical and mental health problems, and information contained within the fact sheet provided for under Code Section 19-3-41.1 which includes, at a minimum, information on domestic violence as well as website and telephone resources for victims of domestic violence, dating violence, sexual assault, and human trafficking.

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.

Sworn to and certified before me
on _____, 20__.

Notary Public

Signature

Printed Name

Address

City, State, ZIP