

**PROBATE COURT OF BIBB COUNTY  
P. O. BOX 6518, MACON, GA 31208-6518  
License Division: 478-621-6493**

**CERTIFICATION OF COMPLETION OF  
QUALIFYING PREMARITAL EDUCATION**

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 \_\_\_\_\_.

\_\_\_\_\_  
Signature

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

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

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

\_\_\_\_\_  
Address

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