CERTIFICATION OF COMPLETION PREMARITAL PREPARATION COURSE

TCA§36-6-413(b)(5) provides that couples who complete premarital preparation courses shall be exempt from the \$60 fee otherwise imposed by that code section. The course must not be less than four (4) hours and completed no more than one (1) year prior to the date of application for the license. Parties may attend separate classes. If they do, separate certificates must be filed.

PARTICIPANT INFORMATION Every blank must be completed				
GROOM	В	RIDE		
Name	Name			
Address	Address			
Course Attended:				
COURSE PROV Every blank must be completed	IDER INFORMATION			
Name	QUALIFICATIONS representative of a religious	(or relevant training, if s institution)		
Number of Hours Completed	□Psychologist(as defined under TCA§63-11-203)	□Clinical Social Worker (as defined under TCA, Title 63, Ch 23, Part 1)		
Date Course Completed	□Licensed Marital and Family Therapist(as	□Clinical Pastoral Therapis (as defined under TCA, Title		
Provider's Address and Phone Number	defined under TCA§63- 22-115)	63, Ch. 22, Part 2)		
	□Professional Counselor(as defined under TCA§63-22-104)	□Psychological Examiner (as defined under TCA§63-11-202)		
	☐ Official Representative of a Religious Institution (recognized under TCA§63-22-204)	Any other instructor approved for the judicial district		
Tennessee does not certify approved pr		al list of providers.		
	FFIDAVIT amed above attended the properties date indicated. I further continuous	remarital preparation certify that the		

I swear or affirm that the participant(s) named above attended the premarital preparation
course for the number of hours and on the date indicated. I further certify that the
instructor was qualified under the provisions of the Tennessee Code Annotated
§36-6-413(b)(5).

Signature of Instructor or Provider	Date	License Number
		(if applicable)