# Certification of Completion

## Premarital Preparation Course

Tennessee Code Annotated §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 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 | BRIDE |
|---|---|
| Name | Name |
| Address | Address |
| Course Attended | |

**COURSE PROVIDER INFORMATION**

**Every blank must be completed**

| | |
|---|---|
| Name | **QUALIFICATIONS** (or relevant training if representative of a religious institution) **Check one:** |
| 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 | |
| Address | ☐ Licensed Marital and Family Therapist (as defined under TCA, §63-22-115) ☐ Clinical Pastoral Therapist (as defined under TCA, Title 63, Ch. 22, Part 2) |
| | ☐ Professional Counselor (as defined under TCA, §63-22-104) ☐ Psychological Examiner (as defined under TCA, §63-11-202) |
| Provider's Phone Number | ☐ Official Representative of a Religious Institution (recognized under TCA, §63-22-204) ☐ Any other instructor approved for the judicial district for the county where license is issued |

Tennessee does not certify approved providers or maintain a central list of providers. The names of professionals who meet the qualifications as noted above may be found at www2.state.tn.us/health/licenseure/index.htm or in your local telephone directory. Inclusion on the website does not guarantee that such professional is willing to provide the premarital preparation course.

## AFFIDAVIT

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 Tennessee Code Annotated §36-6-413(b)(5).

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

Subscribed and sworn to before me, this _____ day of _____, 20 _____.

SEAL

| _____ | _____ |
|---|---|
| Notary Public | Commission Expiration Date |