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) and completed no more than one year prior to the date of application of the license. Parties may attend separate classes. If they do, separate certificates must be filed.

PARTICIPANT INFORMATION

HUSBAND
Address

WIFE
Address

Course Attended
Number of Hours Completed
Date Course Completed

COURSE PROVIDER INFORMATION

Please complete below the information about the person or organization providing the premarital preparation course.

Name

Address

☐ Official Representative of a Religious Institution
(Recognized under TCA §63-22-204)

☐ Clinical Pastoral Therapist
(as defined under TCA, Title 63, Ch. 22, Part 2)

QUALIFICATIONS (or relevant training, if representative of a religious institution)

☐ Psychologist
(as defined under TCA § 63-11-203)

☐ Clinical Social Worker
(as defined under TCA, Title 63, Ch. 23, Part 1)

☐ Licensed Marital & Family Therapist
(as defined under TCA §63-22-115)

☐ Professional Counselor
(as defined under TCA §63-22-104)

☐ Psychological Examiner
(as defined under TCA §63-11-202)

☐ Any other instructor approved for the judicial district

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/licensure/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).

Date | Signature of Instructor or Provider | License Number (If applicable)

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

Notary Public | Commission Expiration Date | SEAL