Certificate of Premarital Education Completion

I,	, being a duly licensed social worker,
psychiatrist, psychologist or active men	nber of the clergy, or his designee, affiliated
with	, do
hereby certify that	(Bride)
and	(Groom) have
completed a premarital education cours	se of at least four hours during the past twelve
months.	
	Name
	Title
	Date