

## CERTIFICATE 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									
<b>HUSBAND</b>	<b>WIFE</b>								
<b>ADDRESS</b>	<b>ADDRESS</b>								
Course Attended									
Number of Hours Completed									
Date Course Completed									
COURSE PROVIDER INFORMATION									
Please <b>complete below</b> the information about the person or organization providing the premarital preparation course.									
<b>NAME</b>	<b>QUALIFICATIONS</b> (or relevant training, if representative of a religious institution)								
<b>ADDRESS</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Psychologist (as defined under TCA §63-11-203)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Clinical Social Worker (as defined under TCA Title 63, Ch. 23, Part 1)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Licensed Marital and Family Therapist (as defined under TCA §63-22-115)</td> <td style="border: none;"><input type="checkbox"/> Clinical Pastoral Therapist (as defined under TCA Title 63, Ch. 22, Part 2)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Professional Counselor (as defined under TCA §63-22-104)</td> <td style="border: none;"><input type="checkbox"/> Psychological Examiner (as defined under TCA §63-11-202)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Official Representative of a Religious Institution (recognized under TCA §63-22-204)</td> <td style="border: none;"><input type="checkbox"/> Any other instructor approved for the judicial district</td> </tr> </table>	<input type="checkbox"/> Psychologist (as defined under TCA §63-11-203)	<input type="checkbox"/> Clinical Social Worker (as defined under TCA Title 63, Ch. 23, Part 1)	<input type="checkbox"/> Licensed Marital and Family Therapist (as defined under TCA §63-22-115)	<input type="checkbox"/> Clinical Pastoral Therapist (as defined under TCA Title 63, Ch. 22, Part 2)	<input type="checkbox"/> Professional Counselor (as defined under TCA §63-22-104)	<input type="checkbox"/> Psychological Examiner (as defined under TCA §63-11-202)	<input type="checkbox"/> Official Representative of a Religious Institution (recognized under TCA §63-22-204)	<input type="checkbox"/> Any other instructor approved for the judicial district
<input type="checkbox"/> Psychologist (as defined under TCA §63-11-203)	<input type="checkbox"/> Clinical Social Worker (as defined under TCA Title 63, Ch. 23, Part 1)								
<input type="checkbox"/> Licensed Marital and Family Therapist (as defined under TCA §63-22-115)	<input type="checkbox"/> Clinical Pastoral Therapist (as defined under TCA Title 63, Ch. 22, Part 2)								
<input type="checkbox"/> Professional Counselor (as defined under TCA §63-22-104)	<input type="checkbox"/> Psychological Examiner (as defined under TCA §63-11-202)								
<input type="checkbox"/> Official Representative of a Religious Institution (recognized under TCA §63-22-204)	<input type="checkbox"/> Any other instructor approved for the judicial district								
<p><i>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: <a href="http://www2.state.tn.us/health/licensure/index.htm">www2.state.tn.us/health/licensure/index.htm</a> or in your local telephone directory. Inclusion on the website does not guarantee that such professional is willing to provide the premarital preparation course.</i></p>									
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____.									
SEAL									
_____	_____								
Notary Public	Commission Expiration Date								