

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 (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		
MAN	WOMAN	
Name	Name	
Address	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	QUALIFICATIONS (or relevant training, if representative of a religious institution)	
Address	<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
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____.		
_____	_____	SEAL
Notary Public	Commission Expiration Date	