Certification of Completion
Premarital Preparation Course

Tennessee Code Annotated #36-6-413(bx5) provides that couples who complete premarital preparation courses shall be exempt fro the $60.00 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. Of they do, separate certificates must be filed

PARTICIPANT INFORMATION **Every blank MUST be completed**	
GROOM	**BRIDE**
Name	Name
	Address
Course Attended	

COURSE PROVIDER INFORMATION **Every blank MUST be completed**	
Name	**QUALIFICATIONS** (or relevant training if representative of a religious institution) **Check One:** __ Psychologist (as defined under TCA, §63-11-203) __ Licensed Marital & Family Therapist (as defined under TCA, § 63-22-115) __ Professional Counselor (as defined under TCA, §63-22-104 __ Official Representative of a Religious Institution (Recognized under TCA, §63-22-204) __ Clinical Social Worker (as defined under TCA, Title Ch. 23, Part 1) __ Clinical Pastoral Therapist (as defined under TCA, Title 63, Ch 22, Part 2) __ Psychological Examiner (as defined under TCA, §63-11-202) __ Any other instructor approved for the judicial district for the county where license is issued
Number of Hours completed	
Date Course Completed	
Address	
Providers Phone Number	
Tennessee does not certify approved providers of 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(bx5).

_____ _____ _____

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

SK434-062804