

I, _____, confirm that _____ and
Name of Educator Applicant #1

_____ received at least 12 hours premarital education that included
Applicant #2
the use of a premarital inventory and the teaching of communication and conflict management skills. I
am a licensed or ordained minister, a person authorized to solemnize marriage under Minnesota
Statutes, sections 517.17, or a person licensed to practice marriage and family therapy under Minnesota
Statutes, section 148B.33.

Signature of Educator

Date

Print Name

Address

City, State, Zip

Phone Number

State of Minnesota

County of _____

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

Notary Signature

(Seal)