



POPE COUNTY MINNESOTA

Statement of Premarital Education

I, _____ confirm that
(Full Name of Educator)

_____ and _____
(Applicant 1 Full Legal Name) (Applicant 2 Full Legal Name)

received at least 12 hours of premarital education that included the use of a premarital inventory and the teaching of communication and conflict management skills.

- I am a:
- _____ a Licensed or ordained minister
 - _____ a Person authorized to solemnize marriages under Minnesota Statutes, Section 517.18
 - _____ a Person licensed to practice marriage and family therapy under Minnesota Statutes, Section 148B.33

(Signature of Educator)

(Address of Educator)

CHURCH SEAL

STATE OF MINNESOTA

COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____ 20_____

by _____
(Name of educator signing above)

(Signature of Notary)

NOTARIAL STAMP OR SEAL