

CERTIFICATE OF PREMARITAL EDUCATION

I, \_\_\_\_\_, being a duly licensed social worker, psychiatrist, psychologist or active member of the clergy, or his designee, affiliated with \_\_\_\_\_,

Do hereby certify that:

\_\_\_\_\_ (party 1) and

\_\_\_\_\_ (party 2)

Have completed a premarital education course of at least four (4) hours during the past twelve (12) months.

WV State Code §48-2-701

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date