

THIS DOCUMENT MUST BE ON EDUCATOR'S LETTERHEAD

Per MSA 517.08, Subd. 1b

NOTARIZED OR MARKED WITH A CHURCH SEAL

PREMARITAL EDUCATION STATEMENT

I, _____
(Print name and title of educator)

CONFIRM THAT:

(Full first, middle and last legal name – must be identical to applicant's current full legal name that will be shown on marriage license application.)

AND

(Full first, middle and last legal name – must be identical to applicant's current full legal name that will be shown on marriage license application.)

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:

_____ LICENSED OR ORDAINED MINISTER

_____ PERSON AUTHORIZED TO SOLEMNIZE MARRIAGES UNDER MINNESOTA STATUTES, SECTION 517.18

_____ PERSON LICENSED TO PRACTICE MARRIAGE AND FAMILY THERAPY UNDER MINNESOTA STATUTES, SECTION 148B.33.

(CHURCH SEAL)

SIGNATURE OF EDUCATOR

NOTARIZATION:

STATE OF _____

ss.

COUNTY OF _____

This instrument was signed and sworn before me on _____,

by _____

Notary Public