

# This statement must be on Parish Letterhead

I, \_\_\_\_\_  
Full Legal Name of Educator

confirm that

\_\_\_\_\_  
**Groom's full first, middle & last legal name**

*Must be identical to the name that will be listed on the marriage license*

and

\_\_\_\_\_  
**Bride's full first, middle & last legal name**

*Must be identical to the name that will be listed on the marriage license*

have received at least twelve (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: *(check one)*

- 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

\_\_\_\_\_  
Signature of Educator

\_\_\_\_\_  
Date

State of Minnesota  
County of \_\_\_\_\_

In my presence on \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_  
acknowledged his/her signature on this document.

\_\_\_\_\_  
Notary Public