

CERTIFICATION OF PREMARITAL COUNSELING
FOR THE COURT OF THE STATE OF CALIFORNIA, COUNTY OF TULARE

Male applicant _____ Age _____ Phone # _____
Address _____

Female applicant _____ Age _____ Phone # _____
Address _____

These applicants have received premarital counseling in the following areas:
(Please check off that each area has been addressed in the counseling session/s)

- Communication
- Finances (including financial responsibility for children, support obligations for divorced or separated parents)
- Marriage vs. individual goals/expectations
- Conflict resolution
- In-law
- Parenting and stepfamilies (including rearing of children, medical care, responsibilities of divorced/separated parents)
- Sexual roles/responsibilities
- Commitment and confidentiality
- Religious and cultural differences

I, the undersigned, certify that the above applicants for marriage have discussed the above topics with me and have the basic knowledge to enter into matrimony as required by state law (Family Code Section 304).

Verification:

Child Custody Recommending Counselor
Family Court Services

Date

Signed

Printed name _____

Title _____

Phone _____

Address _____

Date _____

Supervisor Signature