

IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA

Disclosure of Premarital Counseling

ML - _____ - _____

We hereby attest that _____, a resident of _____
(Applicant 1) (Street Address)

_____ and _____, a resident of _____
(City, State, and Zip Code) (Applicant 2)

_____, _____ attended a premarital
(Street Address) (City, State, and Zip Code)

counseling program conducted by _____. The program was
_____ hour(s) in length.

(A minimum of four (4) hours of marriage education curriculum is required).

The training must be conducted by a health professional, an official representative of a religious institution or a person trained by the principal authors or duly authorized agents of the principal authors of nationally recognized marriage education curriculum including, but not limited to, Prevention & Relationship Enhancement Program (PREP).

The certificate of completion of this program must be attached or the person conducting the counseling must sign the document below.

(Signature of Applicant 1)

(Signature of Applicant 2)

I hereby attest that I performed the counseling described above.

(Signature of Counselor)

Dated this _____ day of _____, 20__.