

IN THE DISTRICT COURT OF GARFIELD COUNTY

STATE OF OKLAHOMA

DISCLOSURE OF PREMARITAL COUNSELING

ML - 3 - 64

We hereby attest that _____, a resident of _____,
(Full Name of Bride) (Street Address)

_____, and _____, a resident of _____,
(City, State, and Zip Code) (Full Name of Groom)

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

a premarital counseling program conducted by MARSHALL BILLINGSLEE.
PASTOR

This program was 4 hrs in length.

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

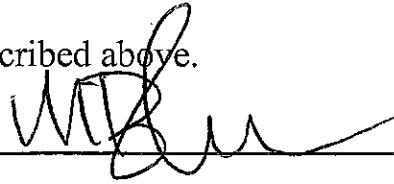
The training must be conducted by a health professional, an official representative of a religious institution, or a person trained by the principal authors or duly authorized agents of the principal authors of nationally recognized marriage education curriculum including, but not limited to Prevention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

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

(Signature of Bride)

(Signature of Groom)

I hereby attest that I have performed the counseling described above.


(Signature of Counselor)

Dated this 7th day of MAY, 2016.

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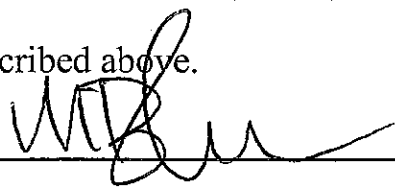
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