Needs to be on EDUCATOR'S LETTERHEAD and Notarized

"I,	, confirm that					
	(Name of Educator)					
and						
First	Middle (First Applicant complete name)	Last	First (Second App	First Middle Last (Second Applicant complete name)		
the tea persor license	ed at least 12 hours of prema aching of communication and a authorized to solemnize ma ed to practice marriage and fa	d conflict managem nrriages under Minn amily therapy unde	ent skills. I am a lice nesota Statutes, Sec	ensed or ordained tion 517.18, or a p	minister, a erson	
Dated:	ited:		(Signature of	(Signature of Educator)		
			(Address of I	Educator)		
Sworn	to or affirmed and acknowle	edged before me on	this day of _	2()	