

In the Superior Court of the State of California

In and for the County of Kings

1640 Kings County Drive

Hanford, CA 93230

For Court Use Only	

DECLARATION OF PREMARITAL COUNSELING

INSTRUCTIONS TO COUNSELOR: Please type or print legibly.

Name of counselor:		Title:			
Address:			Telephone nu	ımber:	
			()		
(street)	(city)	(state)	(zip code)		
Name of male appli	cant:				
(first)		(middle)	(last)	(last)	
Address of male app	licant:				
	(street)	(city)	(state)	(zip code)	
Age:	Home telephone	e number:	Message telephone number: ()		
Name of female app	olicant:				
(first)		(middle)	(last)	(last)	
Address of female ap	pplicant:				
	(street)	(city)	(state)	(zip code)	
Age:	Home telephor	ne number:	Message telephone number: ()		
Comments of couple	's readiness for marriag	e:			
unseling sessions condersigned and have,	ncerning social, econon	nic, and personal respons knowledge necessary to	of premarital counseling in ibilities incidental to marria enter into matrimony as re	age by the	
Dated on:		>	Signature of Counselor)		