

**CERTIFICATION OF THE PROVISION OF EDUCATIONAL MATERIALS
IN FULFILLMENT OF THE REQUIREMENTS OF
THE POKAGON BAND MARRIAGE CODE**

I _____, hereby certify that on _____, I
Print Name of Health Provider Print Date

provided to:

_____ and _____,
Print Full Name of Marriage License Applicant Print Full Name of Marriage License Applicant

educational materials regarding prenatal care, the transmission and prevention of the Human Immunodeficiency Virus, and of venereal disease.

Signature of Health Provider

Print Title

Print Date

By their signature below, the above named applicants for a marriage license acknowledge receipt of such educational materials identified above.

Signature of Marriage License Applicant

Signature of Marriage License Applicant