## AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS FROM SCHOOL CHILDHOOD IMMUNIZATION LAWS AND RULES

Date://	20			
Governing Autho Address:	rity (School Nam	e):		
RE: Religious Ex	emption from Imi	nunization Requirements		
referenced immur Amendment of th (Governing Author) I qualify for this of	, are conization requirement of constitution of cority/School Name exemption based of	ontrary to our religious te ents violate our right to fr The United States of Ame e)	nets and practices. C eely exercise our reli erica, I am asserting immu	d, as the Parent/Guardian of m that my child and I are members Governing Authority/School Name) on this basis, as the above igion as guaranteed by the First my rights to an exemption from unization requirements.
Thank you in adv				
	[P	arent/Guardian Name]		
	[S	tudent Name]		
	Notarial Cer	tificate – To be filled ou	t by a notary public	<u></u>
State of	County o	of		
is/are subscribed his/her/their authority upon behal	, who proved to the within instrorized capacity(ies f of which the per	ument and acknowledged s), and that by his/her/the son(s) acted, executed the	isfactory evidence to to me that he/she/th ir signature(s) on the e instrument.	be the person(s) whose name(s) ey executed the same in instrument the person(s), or the
I certify under PE paragraph is true		JURY under the laws of	the State of	that the foregoing
WITNESS my ha	nd and official se	al.		
Signature			(Seal)	

\*This religious vaccine exemption will not be valid in the following states CA, NY, ME, MS, CT, WV

For more information on religious exemptions www.forunitedsolutions.org