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

Date: ___/___/20___

School or Governing Authority Name: _____
Address: _____
City, State, Zip: _____

RE: Religious Exemption from Immunization Requirements

I, (Parent/Guardian Name) _____, the undersigned, as the Parent/Guardian of (Student Name) _____, do hereby swear and affirm that my child and I are members of a recognized religious organization, and that the immunizations required by (School or Governing Authority Name) _____, are contrary to our religious tenets and practices. On this basis, as the above referenced immunization requirements violate our right to freely exercise our religion as guaranteed by the First Amendment of the Constitution of The United States of America, I am asserting my rights to an exemption from (School or Governing Authority Name) _____ immunization requirements.

I qualify for this exemption based on (State's Name) _____, Health and Safety Code Section (State Code) _____.

Thank you in advance,

_____
[Parent/Guardian Name]

_____
[Student Name]

ACKNOWLEDGMENT

STATE OF [STATE])
) ss.
COUNTY OF [COUNTY NAME])

On _____, before me, _____, Notary Public, personally appeared [PARENT/GUARDIAN NAME], who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument, the person executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of [STATE] that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____