

**AFFIDAVIT OF Proof of IMMUNITY  
EXEMPTION ON RELIGIOUS GROUNDS FROM Vaccination/Inoculations**

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Governing Authority Name (business issuing mandate): \_\_\_\_\_

Address: \_\_\_\_\_

**RE: Religious Exemption from Vaccination/EUA Requirements. Declaration  
of God Given IMMUNITY**

I, (Name) \_\_\_\_\_, the undersigned do hereby swear and affirm that I am a member of a recognized religious organization, and that the EUA: Masks, PCR tests, any and all “vaccinations” required by (Governing Authority Name) \_\_\_\_\_, are contrary to my religious tenets and practices. On this basis, as no “vaccine” CDC schedule has been safety tested as acknowledged by the CDC in 2019 and EUA COVID19 inoculations/ immunization requirements violate my right to freely exercise my religion as guaranteed by the First Amendment of the Constitution of The United States of America, I am asserting my rights to an exemption by (Governing Authority Name) \_\_\_\_\_ from EUA Inoculation, masks and nasal Swab PCR test requirements as I am immunized by virtue of the robust natural immunity, I acquired when I recovered COVID19 and all childhood infections by strengthening my innate God-Given immunity.

I also am immunized according to my religious beliefs as I regularly take oral boosters. My immunization strategy **exceeds** FDA and CDC mandated standards, which were recently changed such that the vaccination need not provide immunity and the admissions that in fact the nothing marketed as a “vaccine” has been shown to stop transmission of the infectious agent.

I qualify for this exemption based on the First Amendment of the United States Constitution, *42 U.S. Code § 1981*- “All persons within the jurisdiction of. The united Sates shall have the same right in every state and territory to make and enforce contracts, to sue, be parties, give evidence and to the full and equal benefit of all laws and proceedings for the security of persons and property as is enjoyed by white citizens and shall be subject to like punishment, pains, penalties, taxes and licenses and exactions of every kind , and to no other”

and *42 U.S. Code § 2000a - Prohibition against discrimination or segregation in places of public accommodation*, which states “All persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation, as defined in this section, without discrimination or segregation on the ground of race, color, religion, or national origin.” Failure to uphold 42 U.S. Code § 2000a may be met with legal action.

Thank you in advance,

\_\_\_\_\_  
[Name]

\_\_\_\_\_  
[Signature]

-----**Notarial Certificate – To be filled out by a notary public**-----  
State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ (here insert name and title of the officer), personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)