

**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]

-----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)