

## Religious Objection to Immunization Certificate

This certificate is used to declare a religious objection to immunization requirements. Please complete all fields below to print for your records and submission.

### Student / Child Information

Child's Last Name:

Child's First Name:

Date of Birth (MM/DD/YYYY):

School or Child Care Facility Name:

Grade / Class Level:

### Parent / Guardian Information

Parent or Guardian Full Name:

Relationship to Child:

Phone Number:

Mailing Address:

### Religious Objection Declaration

I, the undersigned, hereby certify that the administration of immunizing agents conflicts with my religious tenets and practices. I request exemption from immunization requirements for the child named above on these religious grounds.

Religious Denomination / Statement of Belief (Optional):

### Certification and Signature

By typing my name below, I certify that the information provided on this form is true and accurate to the best of my knowledge.

Signature of Parent or Guardian (Type Name):

Date (MM/DD/YYYY):