

REQUEST FOR RELIGIOUS EXEMPTION FROM IMMUNIZATIONS

I am requesting a Religious Exemption from Immunization/s for the following child.

Name: _____

Date of Birth: _____ Race: _____

Male / Female

Hispanic / Non-Hispanic

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Parent / Guardian Name: _____

Parent Email: _____

Signature: _____

(Parent or Legal Guardian)

Date: _____