

# 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: \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent or Legal Guardian)

Date: \_\_\_\_\_