



AFFIDAVIT
Refusal of Immunization of Student for Religious Reasons

This affidavit is being submitted on behalf of:

(Name of student)

Birthdate - mm/dd/yyyy

I, _____, of lawful age and being first duly sworn, depose and as follows:
(Name of Student- age of majority)

OR

I, _____, as legally authorized representative of
(Name of Affiant)

_____, of lawful age and being first duly sworn, depose and state as follows:
(Name of Student- minor child)

Immunization conflicts with the religious tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personal and sincerely followed religious beliefs.

(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

STATE OF NEBRASKA)
)
County of: _____)

ss.

Notary Public

My Commission expires: _____

Revised 8/30/2023