

**AFFIDAVIT**  
**Refusal of Immunization of Student for Religious Reasons**

**This Affidavit is being submitted on behalf of:**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Name of Student) (Birthdate of Student – mm/dd/yyyy)

**If the student is of the age of majority:**

I, \_\_\_\_\_, of lawful age and being first duly sworn, depose and state as follows:  
(Name of Affiant/Student)

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personally and sincerely followed religious beliefs.

**If the student is a minor:**

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)

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 personally and sincerely followed religious beliefs.

\_\_\_\_\_  
(Signature of Affiant)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
Notary Public

STATE OF NEBRASKA            )  
  )        SS.  
County of: \_\_\_\_\_ )

My Commission expires: \_\_\_\_\_