## Wyoming Department of Health Religious Exemption to Mandatory School Immunizations

This application must be signed by the parent/guardian in the presence of a notary public. Please note: You must submit one application per child. For additional information, please contact your local county public health nursing office or call the Immunization Section at (307) 777-7952. Upon completing this application, return the original completed form to your local county public health nursing office or mail to: Wyoming Department of Health, 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002, Attn: Immunization Exemptions. PLEASE PRINT UNLESS A SIGNATURE IS REQUIRED.


I, $\qquad$ (Name of Parent/Guardian), request a religious exemption to the mandatory school immunization statute (W.S. § 21-4-309) for $\qquad$ (Name of

Student), based on religious beliefs contrary to immunizations.
List the specific immunizations to be exempted: $\qquad$

Signature of Parent/Guardian
To be signed in the presence of a Notary Public
Date of Signature

NOTARY ACKNOWLEDGEMENT

State of $\qquad$ County of

On this $\qquad$ Day of $\qquad$ 20 $\qquad$ , Place Seal or Stamp Below
Witness my hand and official seal.

Signature of Notary Public
My commission expires
Expiration Date
FOR USE BY THE COUNTY OR STATE HEALTH OFFICER ONLY
Immunizations Exempted: $\qquad$

