

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 personal 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 personal 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: _____