

**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: \_\_\_\_\_