

State of New York
Request for Religious Exemption to Immunization Form

Name of Student: _____ ID No. _____

Name of Parent or Guardian: _____

Name of Public or Private School/School District _____

LEGAL NOTICE TO THE PRINCIPAL OF THE SCHOOL:

The State of New York permits exemptions to Public Health Law immunization requirements on the basis of a sincere religious belief under Department of Health regulation 10 NYCRR, Section 66-1.3 (d), which requires the submission of:

“...A written and signed statement from the parent, parents, or guardian of such child, stating that the parent, parents, or guardian objects to their child’s immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child...”

PARENT OR GUARDIAN STATEMENT (you must answer in your own words)

Explain why you are requesting this religious exemption and the religious principles that guide your objection to immunization.

(Please sign below and have this document notarized by a notary public.)

I hereby affirm the truthfulness of the foregoing statement and have received and reviewed the informational materials provided to me by my child’s school.

X _____
Signature of Parent or Guardian

Date

Sworn to before me this _____ day of _____

Notary Public Seal:

Please note: According to a ruling by the NY State Supreme Court, you do not have to prove membership in any particular religious denomination to apply for this religious exemption.