

AFFIDAVIT/DECLARATION OF EXEMPTION ON RELIGION

To: Name of person/company you are serving: _____?

Address: _____?

Re: Religious Exemption from Immunization Requirements

I, Print Your Name _____?, the undersigned, make this Affidavit/Declaration of Exemption on Religion of my own free will, and I hereby affirm, declare and swear, under my oath and under the pains and penalties of perjury under the laws of the United States of America and of this state, that I am of legal age and of sound mind and hereby attest that the statements, averments, claims, charges and information contained in this Affidavit/Declaration are true and correct to the best of my knowledge.

I am a member of a recognized religious organization and the immunizations and vaccine(s) required by you, name of person/company you are serving _____? are contrary to my religious tenets and practices. On this basis, as the above referenced immunization and vaccine(s) requirements violate my right to freely exercise my religion as guaranteed by the First Amendment of the Constitution of the United States of America and 42 U.S. Code § 2000a - Prohibition against discrimination or segregation in places of public accommodation, which states "All persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation, as defined in this section, without discrimination or segregation on the ground of race, color, religion, or national origin." Failure to uphold 42 U.S Code § 2000a may be met with legal action. Additionally, per the U.S. Equal Employment Opportunity Commission (EEOC) which enforces Federal Laws prohibiting employment discrimination, employers MUST offer religious and disability accommodations to the immunization and vaccine(s) requirements. Title VII of the Civil Rights Act prohibits discrimination because of religion and requires employers to reasonably accommodate religious observance and practice. I do hereby exercise my right to refuse to submit to the Covid 19 experimental gene therapy injection heretofore known as the "Covid 19 Vaccine." I qualify for this exemption and I am asserting my rights to an exemption from your immunization and vaccine(s) requirements. As my statement is personal and private, I require my privacy be respected and my sincerely held beliefs not be shared with others.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Affiant further sayeth naught.

All Rights Reserved

Sign your Name _____ Print your Name _____ September _____, 2021

Affiant/Declarant

CALIFORNIA NOTARIAL CERTIFICATE (JURAT)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of September, 2021,

by your name _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature _____ (SEAL)
Signature of Notary