

AFFIDAVIT DECLARATION

To: (Governing Authority issuing mandate) _____ ? _____

(Address): _____ ? _____

Re: Student Religious Exemption

I, **Print Your Name** _____ as the parent of _____ and the undersigned, make this Affidavit/Declaration of Religious Exemption 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.

My child, **type student name** _____ and I are a member of a recognized religious organization and the immunizations and vaccine(s) requested by you, **name (of person/company you are serving)** _____ are contrary to our religious tenets and practices. On this basis, as the above referenced immunization and vaccine(s) requirements violate our right to freely exercise our 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. Title VII of the Civil Rights Act prohibits discrimination because of religion and requires businesses to reasonably accommodate religious observance and practice. My child qualifies for this exemption & I am asserting our rights to an exemption from your immunization and vaccine(s) requests. As my statement is personal and private, I require our privacy be respected and our 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

Guardian Signature _____ Print Guardian name _____

Affiant/Declarant

September _____, 2021

**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 **Los Angeles**

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