

COVID 19 VACCINE RELIGIOUS EXEMPTION FORM

Name ID#	Date of Birth:
Name of Parent/Guardian (if under 18): <small>first / middle / last</small>	Primary Phone:
Parent Home Address: <small>address 1</small> <small>address 2</small> <small>city</small> <small>state</small> <small>zip</small>	
Parent Email Address:	

Religious Exemption

What is the religious belief? Confirm that it is sincerely held.

Explain how the COVID 19 vaccination interferes with your free exercise of your religious rights.

NAME

SIGNATURE

DATE