



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PROGRAM SUPPORT

John A. Stephen
Commissioner

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Mary Castelli
Senior Division Director

CERTIFICATE OF RELIGIOUS EXEMPTION IN A CHILD CARE PROGRAM
(IMMUNIZATIONS)

CHILD'S NAME _____ DATE OF BIRTH: _____
 MONTH DAY YEAR
 ADDRESS _____

The administration of immunizing agents conflicts with the above named child's religious beliefs. I understand that in the occurrence of an outbreak of vaccine-preventable disease in my child's child care program, the Bureau of Communicable Disease Control may exclude my child from the child care program, for his/her own protection, until the danger has passed.

 SIGNATURE OF PARENT/GUARDIAN DATE

I hereby affirm that this affidavit was signed in my presence on this _____ day of _____ 20_____.

NOTARY PUBLIC SEAL

My Commission Expires: _____
 Date