

AFFIDAVIT DECLARATION



Date: _____

Dear Parent/Guardian:

Name of Child: _____
Last Name First Name

Date of Birth: _____
Year/ Month/ Day

School: _____

Please find attached the “**Statement of Conscience or Religious Belief**”. You will notice that as part of the form, there is a space for this declaration to be sworn as an Affidavit before an Ontario Commissioner for Taking Affidavits.

The following qualify as Commissioner for Taking Affidavits:

- Member of Provincial Parliament
- Provincial Judge
- Justice of the Peace
- Clerk, Deputy Clerk or Treasurer of local municipalities in which their local municipality is situated
- Head of Municipal Council in which their local municipality is situated
- Member of City Council (Reeves) in which their local municipality is situated
- Notary Public
- Barristers and Solicitors entitled to practice law in Ontario
- Any individual who is empowered by the Lieutenant Governor to be a Commissioner (a stamp is required for these individuals)

The Commissioner for Taking Affidavits must be identified by printing their name (lawyers to print law society number), full address, telephone number, title and seal if available.

The Leeds, Grenville and Lanark District Health Unit cannot legally accept a fax or photocopy of the affidavit. If you want an original for your personal files, have the Commissioner complete two forms.

Be advised however, that if you move to another public health unit area at a future date, you may be required to complete another affidavit at that time.

Place a mark beside each vaccine that you wish to be included in this affidavit. Please return this form with the original signed affidavit to the Health Unit – 458 Laurier Blvd. Brockville, ON K6V 7A3. Do not send the forms to the school.

Tetanus Diphtheria Pertussis Polio Measles Mumps Rubella Meningococcal Varicella

Please Note:

This affidavit will remain in effect until the child named above reaches the age of 18 or the affidavit is removed by the child or his/her parent or legal guardian

Signature of Parent/Guardian: _____ Date: _____

Witnessed by: _____ Date: _____