

IMMUNIZATION OPT-OUT AFFIDAVIT

STATE OF NEBRASKA)
) ss.
COUNTY OF _____)

Affiant, _____ (parent or guardian name), being
first duly sworn upon oath, deposes and states as follows:

1. I am the legally authorized representative of
_____ (name of student), referred to herein as
"the student." My relationship to the student is _____.
2. I object to the immunization of the student because it conflicts with
the tenets and practice of a recognized religious denomination of
which the student is an adherent or member or that immunization
conflicts with the personal and sincerely followed religious beliefs of
the student.
3. The recognized religious denomination and its tenets and practice
or the student's sincerely followed religious beliefs are as follows:

Further affiant sayeth not.

Dated: _____
Signature of Affiant

Subscribed and sworn to before me this ____ day of _____, 20__.

Seal: _____
Notary Public