



Donald L. Shumway  
Commissioner

John D. Wallace  
Associate Commissioner

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

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603-271-4624 FAX: 603-271-4782 TDD Access: 1-800-735-2964

**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