Immunization Exemption Form

In accordance with Minnesota Statute 121A.15, subd.3(d), I/we certify by notarization that immunization for my child,_____, is contrary to my conscientiously held beliefs.
Childs Name

All immunizations are not given because of conscientiously held beliefs.

_____ _____

Parent Name | Parent signature in front of notary

State of Minnesota)
)ss.
County of Stearns)

Subscribed and sworn to before me by _____on the _____ day of _____, 20____.
Parent Name
Month

_____
Notary Public Signature

Notary Stamp