

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

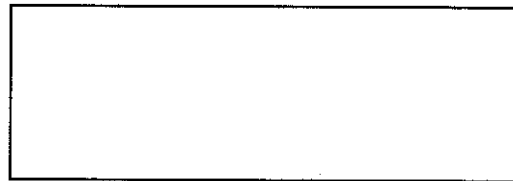
State of Minnesota)

)ss.

County of Stearns)

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

Notary Public Signature



Notary Stamp