



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4482 1-800-852-3345 Ext. 4482
Fax: 603-271-3850 TDD Access: 1-800-735-2964

John A. Stephen
Commissioner

Mary Ann Cooney
Director

CERTIFICATE OF RELIGIOUS EXEMPTION

NAME _____

BIRTH DATE _____

ADDRESS _____

The administration of immunizing agents conflicts with the above named student's religious beliefs. I understand that in the occurrence of an outbreak of vaccine-preventable disease in my child's school or daycare facility, the State Health Director may exclude my child from school or daycare facility, for his own protection, until the danger has passed.

Signature of parent/guardian/student

Date _____

I hereby affirm that this affidavit was signed in my presence on this _____
day of _____.

Notary Public Seal

Notary Public/Justice of the Peace