



Wyoming Department of Health

Religious Exemption to Mandatory School Immunizations

This application must be signed by the parent/guardian and notarized by a notary public. Please note: You must submit one application per child. For additional information, please contact your local county public health nursing office or call (307) 777-7657.

Upon completing this application, return it to your local county public health nursing office or mail it to: Wyoming Department of Health, 401 Hathaway Building, Cheyenne WY 82002

Name of Student: _____ Sex: Male Female
Last First MI

Date of Birth: ____/____/____ School Student Attends: _____
MM DD YY Name City

Name of Parent/Guardian: _____

Mailing Address: _____
Street City State Zip

Phone Number: _____
Home Work

I, _____ (Parent/Guardian), request a religious exemption to the mandatory school immunization statute (W.S. § 21-4-309 for _____ (Student), based on religious beliefs contrary to immunizations.

List the specific immunizations to be exempted: _____

 Signature of Parent/Guardian Date

NOTARY ACKNOWLEDGEMENT

State of _____ County of _____
 On this _____ Day of _____, 20____, _____
Name(s) of Signer(s)

- who is personally known to me
 whose identity I proved on the basis of _____,
 whose identity I proved on the oath/affirmation of _____, a credible witness,
 To be the signer of the above document dated _____, personally appeared before me and He/she acknowledged that he/she signed it.

Witness my hand and official seal.

My commission expires _____
Signature of Notary Public

FOR USE BY THE COUNTY OR STATE HEALTH OFFICER ONLY

Immunizations Exempted: _____

 Signature of County or State Health Officer Date