



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

Jeffrey A. Meyers  
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CERTIFICATE OF RELIGIOUS EXEMPTION

STUDENT NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

The administration of immunizing agents conflicts with the religious beliefs of the parent or legal guardian of the student listed above. I understand that in the event of an outbreak of vaccine-preventable disease in my child's school or childcare facility, the State Health Director may exclude my child from the school or childcare facility, for his own protection. This exclusion will last until an incubation period from the last identified case of the communicable disease has passed.

\_\_\_\_\_  
Signature of parent or legal guardian

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 Signature