



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF OPERATIONS SUPPORT
BUREAU OF LICENSING & CERTIFICATION

Nicholas A. Toumpas
Commissioner

Mary P. Castelli
Senior Division Director

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CERTIFICATE OF RELIGIOUS EXEMPTION IN A CHILD CARE PROGRAM
(IMMUNIZATIONS)

CHILD'S NAME _____ DATE OF BIRTH: _____
 MONTH DAY YEAR
 ADDRESS _____

The administration of immunizing agents conflicts with the above named child's religious beliefs. I understand that in the occurrence of an outbreak of vaccine-preventable disease in my child's child care program, the Bureau of Communicable Disease Control may exclude my child from the child care program, for his/her own protection, until the danger has passed.

 SIGNATURE OF PARENT/GUARDIAN DATE

I hereby affirm that this affidavit was signed in my presence on this _____ day of _____ 20_____.

NOTARY PUBLIC SEAL

My Commission Expires: _____
 Date