

Affidavit of Exemption on Religious Grounds

Form CFS 113A



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

For questions, contact the Montana Department of Immunizations at (406) 444-5580

Child's Full Name:

Birth Date:

Age:

Sex:

Address: _____

Name of custodial parent or legal guardian:

Street address and city: _____

Telephone: _____

I, the undersigned, declare under penalty of perjury that immunization against the following is contrary to my religious tenets and practices (check all that apply):

Diphtheria, Pertussis, Tetanus (DTaP, DT, Tdap)

Polio

Measles, Mumps and Rubella (MMR)

Varicella (chickenpox)

Haemophilus Influenzae type b (Hib)

Hep B

PCV13

Signature of custodial parent or legal guardian

Subscribed and sworn to before me this _____ day of _____, _____.

Signature: Notary Public for the State of Montana

Print Name: Notary Public for the State of Montana

Seal

Residing in _____
My commission expires _____