



# Wyoming Department of Health

## Religious Exemption to Mandatory School Immunizations

This application must be signed by the parent/guardian in the presence of 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 the Immunization Section at (307) 777-7952. Upon completing this application, return the original completed form to your local county public health nursing office or mail to: Wyoming Department of Health, 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002, Attn: Immunization Exemptions. **PLEASE PRINT UNLESS A SIGNATURE IS REQUIRED.**

Name of Student: \_\_\_\_\_ Sex:  Male  Female  
Last First MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School Student Attends: \_\_\_\_\_  
MM DD YYYY Name

School Mailing Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Home Phone Area Code Alternate Phone

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

List the specific immunizations to be exempted: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian  
To be signed in the presence of a Notary Public

\_\_\_\_\_  
Date of Signature

### NOTARY ACKNOWLEDGEMENT

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_,

Place Seal or Stamp Below

Witness my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_  
Expiration Date

### FOR USE BY THE COUNTY OR STATE HEALTH OFFICER ONLY

Immunizations Exempted: \_\_\_\_\_

\_\_\_\_\_  
Signature of County or State Health Officer

\_\_\_\_\_  
Date