FORM F-1 **Template 1** · **How to use**

Template 1: Signed Religious Statement

For states that accept a signed written statement. Several of these states have particular requirements: see the Notes below and your state's entry.

States in Category 1: Hawaii, Idaho, Indiana, Louisiana, Massachusetts, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, Wisconsin.

Notes for Use in Specific States

- **Hawaii:** the exemption is all-or-nothing; a request limited to specific vaccines is refused.
- **Idaho and Ohio:** the statutes are broader than religion (religious or other grounds in Idaho; reasons of conscience in Ohio). Replace "religious beliefs" with your own grounds as the statute states them.
- **Indiana:** deliver the signed statement to the teacher or the individual who would order the immunization.
- **Massachusetts:** the exemption is suspended during a department-declared emergency or epidemic.
- **New Jersey:** sign with an original signature and state whether the exemption is for all vaccines or specific ones. A name typed on a template is not accepted.
- **Tennessee:** confirm with the school whether the statement must be affirmed under penalty of perjury.

Next: the fill-in sheet (Form F-1) and then the letter follow on the next pages.

BEFORE YOU FILE

Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.

In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.

Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-1 Template 1 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Parent/Guardian Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
School Name	
School Address	
School Official's Name	
Child's Full Name	
Date of Birth	
City, State	
State statute or rule (from your state's entry)	
Optional: your belief, in your own words	
Scope of the exemption (all, or list the vaccines)	

Signature: Date:

FORM F-1 Template 1 · Letter

To:

Subject: Religious Exemption from Immunization Requirements

Dear ,

I, , am the parent/legal guardian of , date of birth , a student at in .

Under , I am submitting this written statement to claim an exemption from immunization requirements for my child. Immunization conflicts with my sincerely held religious beliefs.

This exemption applies to .

I respectfully request that this exemption be accepted and that my child continue to be enrolled at . Please confirm receipt in writing. I can be reached at or if you need anything further.

Thank you for your consideration.

Sincerely,

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