FORM F-2 **Template 2 · How to use**

Template 2: Notarized Statement or Affidavit

For Minnesota, whose statute requires a notarized statement, and for any school or district that asks for a sworn statement in addition to the state's form. In Alaska, Arkansas, Delaware, Georgia, Kentucky, Nebraska, New Mexico, South Carolina, Texas and Virginia, use the state's own form; it is the document the state requires.

States in Category 2: Alaska, Arkansas, Delaware, Georgia, Kentucky, Minnesota, Nebraska, New Mexico, South Carolina, Texas, Virginia, Puerto Rico.

Notes

- Notary services are available at many banks, libraries, county clerk's offices and shipping stores. Bring government-issued photo identification. Sign in front of the notary, not before.
- In most Category 2 states the exemption comes from the state form. Filing a self-written affidavit in place of the state form will usually be rejected.
- **Texas:** the notarized form must reach the school within 90 days of notarization.
- **South Carolina:** the notary must be a South Carolina notary.

Next: the fill-in sheet (Form F-2) 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. Sign the affidavit only in front of the notary.

FORM F-2 Template 2 · 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

Your State	
Your County	
Parent/Guardian Name	
Child's Full Name	
Child's Date of Birth	
School Name	
City, State	
State statute or rule (from your state's entry)	
Basis (religious or conscientious belief, as your statute states it)	
Scope of the exemption (all, or list the vaccines)	
Date	
Type of ID	
Notary Public Name	
Notary Signature	

Signature: Date:

FORM F-2 **Template 2 · Letter**

STATE OF _____ COUNTY OF _____

AFFIDAVIT OF EXEMPTION FROM IMMUNIZATION

Before me, the undersigned Notary Public, on this day personally appeared _____, who, being first duly sworn, states as follows:

1. Personal information. My name is _____. I am the parent/legal guardian of _____, born _____. My child is a student at _____ in _____.
2. Basis for exemption. Under _____, I claim an exemption from immunization requirements for my child. My child has not been immunized because of my _____.
3. Scope. This exemption applies to _____.
4. Understanding. I understand that if there is an outbreak of a vaccine-preventable disease, my child may be excluded from school temporarily under public health rules.
5. Affirmation. I swear or affirm under penalty of perjury that the information in this affidavit is true and correct.

_____

Sworn to and subscribed before me on _____ by _____, who is personally known to me or who produced _____ as identification.

_____ _____

Notary Public, State of _____

My commission expires: _____

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