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 Unit 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 _____

Subscribed and sworn to this _____ day of _____, 201 __, by the above named (person name) _____, known by me, or proven to be the person named as the Parent/Guardian in the above Religious Exemption to Mandatory School Immunizations.

Witness my hand and official seal. Place Seal or Stamp Below

_____
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

Revised 12/11/2013