

To: Texas Department of Health  
Immunization Division  
1100 West 49th Street  
Austin, TX 78756

Date: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To Whom It May Concern:

In accordance with House Bill 2292, which was signed into law on June 10, 2003, I,

\_\_\_\_\_, formally request the official affidavit form for childhood immunization exemption for conscientious or religious reasons as developed and issued by the Texas Department of Health, Immunization Division, available as of September 1, 2003. The number of copies of this official affidavit form requested is \_\_\_\_\_, one for each of my children having their right to exemption exercised, to be sent to the above address as expediently as possible. This request is submitted with the full understanding of the risks and benefits of non-immunization, and with the affirmation that the above is true to the best of the available information, knowledge, and belief.

Respectfully,

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned authority and Notary Public in and for the said county and state, do hereby witness and certify that \_\_\_\_\_ personally appeared before me and signed the foregoing. Given under my hand and seal as follows.

Notary Public:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_