## COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION



Name of Student	Date of Birth
Student I.D. Number	
The administration of immunizing agen student's/my religious tenets or prac occurrence of an outbreak, potential eppreventable disease in my/my child Commissioner may order my/my child my child's own protection, until the dang	tices. I understand that, in the idemic or epidemic of a vaccine-ld's school, the State Health s' exclusion from school, for my/
Signature of parent/guardian/student	Date
AFFIRMATION	
State/Commonwealth of	} }to-wit:
County/City of }	y to wit.
This day of, 20, Public in and for the County/City and State afor	
who did swear or affirm that there are no falsific	
the above statements.	
Notary Public	
My commission expires:	S E A L

Form CRE-1

Registration number:	
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