[SAMPLE "CONSCIENTIOUSLY HELD BELIEFS" NOTARIZED VACCINATION FORM.]

In accordance with Minnesota Statute 121A.15, subd. 3(d), we certify by notarization that immunization for our children **Child One and Child Two** is contrary to our conscientiously held beliefs.

_____

_____

_____

(List of immunizations not given because of conscientiously held beliefs.)

_____

Parent One

State of Minnesota)
) ss.
County of **Anywhere**)

Subcribed and sworn to before me by **Parent One** on this __ day of **September, 20__.**

_____

Notary Public

_____

Parent Two

State of Minnesota)
) ss.
County of **Anywhere**)

Subcribed and sworn to before me by **Parent Two** on this __ day of **September, 20__.**

_____

Notary Public