

# STATE OF NEW JERSEY RELIGIOUS EXEMPTION LETTER

To Whom It May Concern:

This letter is to certify that the undersigned individual sincerely holds religious beliefs which prohibit the acceptance of certain vaccinations or medical interventions. These beliefs are deeply held and are consistent with the religious tenets and practices of their faith.

## Individual Information:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Religious Belief Statement:

The undersigned affirms that the rejection of the following medical procedures or vaccinations is based on sincerely held religious beliefs. The religious doctrine and practices adhered to expressly prohibit the acceptance of the following vaccines or medical treatments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Acknowledgment of Rights and Responsibilities:

By signing below, the individual acknowledges that this religious exemption letter is provided in good faith and is intended to be legally binding. The individual understands that this letter must be accepted pursuant to applicable New Jersey laws and regulations concerning religious exemptions from vaccinations or medical treatments.

## Legal Compliance and Enforcement:

This document is prepared in accordance with all applicable federal and state laws, including, but not limited to, the New Jersey Religious Exemption provisions and constitutional protections guaranteeing free exercise of religion. The undersigned retains all rights to enforce this exemption in all appropriate legal forums, and this letter may be used as evidence of such exemption.

## Certification:

I hereby certify that all information provided herein is true and correct to the best of my knowledge, and that this religious exemption letter is executed voluntarily and with full understanding of its legal effect.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

This letter is intended for use in the State of New Jersey only and does not grant exemption rights outside of this jurisdiction. Retain a copy of this letter for your records.

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