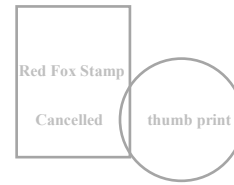


Vaccine Refusal Form



I, We, _____, hereby state that I, we have chosen not to vaccinate my/our child, _____, because I, we am/are philosophically opposed to the concept of vaccines.

I, We maintain this is a responsible and ethically justifiable position for the following reasons:

- vaccination is a medical intervention performed on a healthy child that has the ability to result in injury or death of that child;
- the fact that there can be no guarantee that the deliberate introduction of killed or live microorganisms into the body of a healthy child will not compromise the health or cause the death of that child, either immediately or in the future;
- no predictors have been identified by medical science that can give advance warning that injury or death may occur in any individual child;
- there are no guarantees that the vaccine will indeed protect the child from contracting a disease;
- there is an absence of adequate scientific knowledge regarding the way vaccines singly, or in combination, act in the human body at the cellular and molecular level.

Therefore, I, we believe that vaccination is a medical procedure that could reasonably be termed as experimental each time it is performed on a healthy child.

Our state law makes provisions for non-vaccination of children whose parents object to vaccines for religious or philosophical reasons. I, We accept full responsibility for the health of our child, and because of philosophical conviction, do not wish my/our child vaccinated. In the event of any infectious condition, our child would of course remain at home. We further understand that during the course of an outbreak of any so called "vaccine preventable disease" would occur at your facility, our child is subject to exclusion from your facility for the duration of the outbreak.

I/we sincerely invite any person who has reason to know or believe that I/we am/are in error in my/our determinations and conclusions to so inform me/us and to state the reason(s) he/she/they believe I/we am/are in error in writing at the location of my/our abode (current place of temporary housekeeping); for further clarification (i.e.): What is the name of the man or woman with first-hand knowledge that will sit on the witness stand in an open court of record under penalty of perjury subject to direct examination who will enter documents into the record as evidence that my/our determinations and conclusions are not true...AND...where can he/she/they be served for deposition?... AND... upon what law or theory of law does that person(s) intend to claim limitation exemption or immunity from personal liability?...AND... Please provide said person(s) chain of duly constituted lawful authority to act in the name of the People as it specifically relates to me/us.

With Explicit Reservation of All Rights, Without Prejudice, Without Recourse, without the United States (its lands presently under military government and occupation since March 9, 1933);

Under Penalty of Perjury I, we, _____, ascribe(s) his/her/their hand(s) in testament that all statements made herein are True and Correct upon information and belief.

Date _____

By: _____
Given & Family name, sui juris, with express reservation of all my rights in law, and all other natures of law without prejudice or recourse to me
Given name, of the family **Familyname**, living soul on the soil, w/o United States-Non-Commercial

By: _____
Given & Family name – sui juris, with express reservation of all my rights in law, and all other natures of law without prejudice or recourse to me
Given name, of the family **Familyname**, living soul on the soil, w/o United States-Non-Commercial

Unsworn declarations under penalty of perjury (executed without the United States).

current place of temporary housekeeping

In Care of: _____

In Care of: **Address**
City, State, Zip

Acknowledgement

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

United States of America)
State of _____) ss
County of _____)

On _____ before me, _____

personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the **person(s)** whose name **is/are** subscribed to the within instrument and acknowledged to me that **he/she/they** executed the same in **his/her/their** authorized capacity, and that by **his/her/their signature(s)** on the instrument the person(s), or the **entity(ies)** upon behalf of which the **person(s)** acted, executed the instrument.

(Seal)

Signature by: _____

It shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit, or privilege provided by law...

Acknowledgement and Verification

United States of America)
State of _____) sa
County of _____)

The Affiant personally came to _____ and _____, live flesh and blood witnesses, who witnessed _____,

_____ named above, solemnly affirm that the facts set forth in the forgoing Vaccine Refusal Form, are based upon **his/her/their** knowledge, information, research, experience and belief and are relied upon in good faith to be true and **he/she/they is/are** willing to testify thereto in a court of competent jurisdiction.

Witness our hands and seals this _____ day of _____ 20 _____

Date: _____ seal _____

Witness 1

Date: _____ seal _____

Witness 2

Date: _____ seal _____

Witness 3