AFFIDAVIT OF RELIGIOUS BELIEF

STATE OF DELAWARE
_________________________ COUNTY

1. (I) (We) (am) (are) the (parent[s]) (legal guardian[s]) of ____________________
   Name of Child

2. (I) (We) hereby (swear) (affirm) that (I) (We) subscribe to a belief in a relation to
   a Supreme Being involving duties superior to those arising from any human
   relation.

3. (I) (We) further (swear) (affirm) that our belief is sincere and meaningful and
   occupies a place in (my) (our) life parallel to that filled by the orthodox belief in
   God.

4. This belief is not a political, sociological or philosophical view of a merely
   personal moral code.

5. This belief causes (me) (us) to request an exemption from blood lead testing for
   ____________________
   Name of Child

   ____________________ ___________________________
   Signature of Parent(s) or Legal Guardian(s)

SWORN TO AND SUBSCRIBED before me, a registered Notary Public, this _________
day of ________, 2_______.

_________________________ (Seal)
Notary Public
My commission expires: