



GOVERNMENT OF ST. VINCENT AND THE GRENADINES

**PUBLIC HEALTH (PUBLIC BODIES SPECIAL MEASURES) RULES 2021
APPLICATION FOR EXEMPTION UNDER RULE 7 (1) (b)
ON RELIGIOUS GROUNDS**

PERSONAL INFORMATION OF APPLICANT

NAME (Please Print.):

TITLE: MR. MRS. MS.

POST:

MINISTRY/DEPARTMENT/OTHER:.....

RESIDENTIAL ADDRESS:.....

MAILING ADDRESS (if different from mailing address)
.....
.....

CONTACT INFORMATION:

TELEPHONE: Home: Cell: Work:

EMAIL ADDRESS:

DECLARATION BY APPLICANT:

I, the undersigned, hereby declare that the information provided above is correct.

Signature: **Date:**

OTHER INFORMATION

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE RELIGIOUS LEADER
OF THE RELIGIOUS BODY OF WHICH APPLICANT IS A MEMBER.**

NAME OF RELIGIOUS BODY:
.....

ADDRESS OF HEADQUARTERS OR MAIN OFFICES:.....
.....
.....

NAME OF RELIGIOUS LEADER:
.....

TITLE/DESIGNATION OF RELIGIOUS LEADER:.....

OFFICIAL POSITION:

CONTACT INFORMATION:

TELEPHONE: Home: Cell: Work:

EMAIL ADDRESS:

NAME OF BRANCH/CONGREGATION OF WHICH APPLICANT IS A MEMBER (if part of grouping):

.....

ADDRESS OF BRANCH/CONGREGATION OF WHICH APPLICANT IS A MEMBER:

DATE ON WHICH APPLICANT BECAME A MEMBER OF RELIGIOUS BODY:

.....

APPLICANT IS A MEMBER IN GOOD STANDING (that is, is a full and active member) OF THE RELIGIOUS BODY YES NO

OFFICIAL STATUS OF RELIGIOUS BODY (Please tick as appropriate.):

INCORPORATED BY ACT OF PARLIAMENT

DATE OF ENACTMENT:

REGISTERED WITH THE COMMERCE AND INTELLECTUAL PROPERTY OFFICE (CIPO)

DATE OF REGISTRATION:

OFFICIALLY RECOGNISED BY THE GOVERNMENT OF ST. VINCENT AND THE GRENADINES

DATE OF RECOGNITION:.....

OTHER:

(Please specify and include relevant details such as date of establishment.)

DECLARATION BY RELIGIOUS LEADER:

I, the undersigned, hereby declare that vaccination (including vaccination against COVID-19) is contrary to the doctrine of my religious body and same is confirmed in the attached letter. Further, I declare that all the information provided by myself on behalf of my religious body is correct.

Signature: Date:

PLEASE NOTE THE FOLLOWING:

Application forms must be accompanied by all relevant supporting documentation from the Religious Body, including a letter signed by the Religious Leader and bearing the official stamp of the Religious Body, in which the doctrine of the Religious Body and the official position on vaccination (including vaccination against COVID-19) are set out.