

Request for Religious Exemption from Medical Treatment

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a religious exemption from the medical treatment mandated by [insert organization or governing body] due to my sincerely held religious beliefs.

As a practicing [insert your faith or denomination], I believe that [briefly explain the religious basis for your exemption request]. This belief is integral to my faith, and receiving the [specific medical treatment] would be contrary to my religious practices.

I respectfully ask for your understanding and consideration of my request. I am willing to discuss this matter further if any additional information or documentation is required to support my case.

Thank you for your attention to this important matter. I look forward to your response.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]

[Your Email]

[Your Phone Number]