



A qualifying patient or designated caregiver (Affiant, for the purpose of this form) who declares the use of a photograph as against his/her religious convictions must complete this affidavit and submit it to the Illinois Department of Public Health. The IDPH Director will appoint a committee of three IDPH employees to review the affidavit and submit a recommendation to the Director for a final decision. Upload your completed Affidavit into your medical cannabis application.

I, \_\_\_\_\_, declare my religious sect or denomination to be \_\_\_\_\_  
(Print name of the Affiant clearly) (Name of religion or denomination)  
which photography is against their religious convictions.

Detail below a written explanation of the reasons why a photograph is against the Affiant’s religious convictions.

I, \_\_\_\_\_, for the \_\_\_\_\_, attest to be true the  
(Print minister or other religious leader’s name and official title) (Name of religion or denomination)  
explanation the Affiant has offered above to have their picture waived due to religious convictions.

Minister or religious leader signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affiant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Title and Rank: \_\_\_\_\_

Date of Commission Expiry: \_\_\_\_\_