

# AFFIDAVIT

Date \_\_\_\_\_  
(Month/Day/Year)

State of Tennessee  
County of \_\_\_\_\_

Comes the Affiant, \_\_\_\_\_, being duly sworn,  
(Name of religious sect/division leader)

makes oath as follows:

1. I am the \_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of religious sect/division)

2. \_\_\_\_\_ (“Applicant”)  
(Name of applicant for workers’ compensation exemption)

3. Applicant is a member of the aforementioned religious sect/division.

4. As evidenced by the IRS Form 4029, or similar form used by the IRS, the Applicant is therefore exempt from T.C.A. § 50-6-902(a).

5. I agree to promptly notify the Tennessee Secretary of State, in writing, if the Applicant leaves or withdraws membership from the aforementioned religious sect/division.

Further Affiant Saith Not.

\_\_\_\_\_  
Signature of Affiant/Leader

## ACKNOWLEDGEMENT

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared,  
\_\_\_\_\_ to me known to be the person described herein and  
who executed the foregoing instrument, and acknowledge that such person executed the same as such  
person’s free act and deed.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public/County Clerk)