

Act of Apostasy

To whom it may concern.

I, undersigned,

Family name: _____ First name :

Address:

son or daughter of:

Mother's Surname: _____ First name:

Father's Surname: _____ First name:

Born in : _____ on the _____
City, Province or State, Country *Date*

certifies that I do not wish to continue to be a member of _____

In the name of Human Rights, I want my right to choose the religion that I want and that I love be respected, the same way that I respect other people's rights. I carefully thought about my decision and I know that it will not hinder my rights as a citizen, not now and not in the future.

Consequently, I make this act of Apostasy, in the presence of two undersigned witnesses

Made in _____ on the ____ day of _____ of the year

Signature:

First witness

Second witness

(Signature)

(Signature)

Surname, first name

Surname, first name

Address

Address