



**TENNESSEE BUREAU OF WORKERS' COMPENSATION**  
**Workers' Compensation Exemption Registry**  
**AFFIDAVIT**

Date \_\_\_\_\_

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

Comes the Affiant, \_\_\_\_\_, and swears or affirms  
*(Name of religious sect/division leader)*

under 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 Bureau of Workers' Compensation, in writing, if the Applicant leaves or withdraws membership from the aforementioned religious sect/division.

6. I, the undersigned affiant, hereby certify that the statements made herein are true and correct to the best of my knowledge, information, and belief. Fraudulent statements made could result in a denial of this request and subject the affiant to criminal and civil penalties.

Further Affiant Saith Not.

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

**ACKNOWLEDGEMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared,

\_\_\_\_\_ 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.

\_\_\_\_\_  
(Notary Public)

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