

# OATH OF OFFICE

Name of elected official or appointee: \_\_\_\_\_  
(Must print or type legibly)

\_\_\_\_\_ County Department: \_\_\_\_\_  
(Print department name)

OR

City/Town or Agency: \_\_\_\_\_  
(Print or type)

## Term of Office

From: \_\_\_\_\_, 20\_\_\_\_ (Month, Day, Year)

To: \_\_\_\_\_, 20\_\_\_\_ or Indefinite

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss:

I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the duties of the office of \_\_\_\_\_ according to the best of my ability. (Print position or title clearly).

Signature of elected official or appointee: \_\_\_\_\_

## Acknowledgment

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of the individual taking acknowledgement

\_\_\_\_\_  
Print name, title and commission information (if applicable)