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)