

OATH OF OFFICE

I,

Name of Person Elected or Appointed

do solemnly swear or affirm that I will support the Constitution of the United States and the Constitution of the State of Minnesota, and that I will faithfully discharge the duties of the office of:

Name of Office

in the jurisdiction of:

Name of Jurisdiction

to the best of my judgment and ability.

Signature:

Date:

Subscribed and sworn to before me this _____ *day of* _____ 20____ .

Signature of Notary Public:

Printed Name of Notary Public:

Date Commission Expires:

County of Residence: