

Please fill out the form completely and have the signature authenticated. Upon completion, send this form to:

Oneida County Clerk's Office RE: Oath of Office 800 Park Ave Utica, NY 13501

Print Name:			
	Last,	First	Middle
State of New York - Oneida County	/:		
		(To	wnship of Employment)
I do solemnly swear that I will supp Constitution of the State of New Yo of the office of my ability.	ork, and th	at I will fa	aithfully discharge the duties
Office Holder Signature:			
Address of Employment:			
Active Term Expiration Date:		R	etired 🗌 No Longer Employed 🗌
Sworn before me, this	day of		, 20
Certified by:			
Commencement of Office:		-	Expiration:
Contact Information: Name: Address:			
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