

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:				
of New York - Oneida County:	Last,	First	Middle	State
solemnly swear that I will support to Constitution of the State of New York of the office of		stitution	of the U	
my ability.				
Office Holder Signature:Address of Employment:				
Active Term Expiration Date:			Retired [No Longer Employed□
Sworn before me, this	day of			, 20
Certified by:				
Commencement of Office:			Expirati	on:
Email Address for return oath of offi	ce docur	ment:		
Contact Information: Name: Address:				
City:		NY	Zip:	