SENATE or ASSEMBLY
MEMBER, OFFICER or EMPLOYEE
OATH/AFFIRMATION

(TYPE ALL INFORMATION -- SIGN IN BLACK INK)

Name of Appointee: _____
(*Last Name*) (*First Name*) (*Middle Initial*)

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

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

Title of Position:

_____

House of the Legislature: _____

according to the best of my ability.

X_____
(*Signature of Appointee*)

Sworn (or affirmed) before me this _____ day

of _____ , in the year, 20 ____.

_____
Notary Public

Go to www.dos.ny.gov for filing instructions.