Official Oath

STATE OF WISCONSIN,)
) ss
_____ County)

I, _____, having been elected or appointed to

the office of _____
(title)

swear (or affirm) that I will support the constitution of the United States and the constitution of the State of Wisconsin, and will faithfully and impartially discharge the duties of said office to the best of my ability.

_____
(Signature of elected or appointed official)

Subscribed and sworn to before me this _____ day of _____, _____.

_____
(Signature of person authorized to administer oaths)

My commission expires _____, or is permanent ☐

Notary Public ☐, or _____
(Official title, if not a notary)

GAB-154_no deity reference (8/11)
The information on this form is required by Article IV, Section 28 of the Wisconsin Constitution, §. 19.01 (1), (lm), Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005, gab@wi.gov
http://gab.wi.gov.