

OATH OF OFFICE

STATE OF LOUISIANA

PARISH OF _____

I, _____ do solemnly swear (or affirm) that I will support the
(Print or Type Name)
constitution and laws of the United States and the constitution and laws of this state and that I will faithfully and
impartially discharge and perform all the duties incumbent on me as _____

for the _____
(Agency Name)

according to the best of my ability and understanding, so help me God.

(Circle One) Mr.
Ms.
Mrs.
Miss

(Signature)

(Officials authorized to administer oaths: Governor, Secretary of State, Clerks of Court, Notaries Public, Judges, Justices of the Peace)

Sworn to and subscribed before me this ____ day of _____, ____.

(Signature)

(Printed name of Official Administering Oath – I.D. number if applicable)

ATTENTION: An address and telephone number must be provided for public record.

Residence Mailing Address:

Office Mailing Address:

Telephone: _____

Telephone: _____

1. File an Oath of Office with: Secretary of State, P.O. Box 94125, Baton Rouge, LA 70804-9125.

2. File a duplicate Oath of Office with the parish Clerk of Court within one month after the oath is administered. (In Orleans Parish file with the Clerk of Civil District Court.) (See R.S. 42:162)
