Official Oath

STATE OF WISCONSIN,)	
) ss	
County)	
I,	, having been elected or appointed to
the office of	
	(title)
*	ereof, swear (or affirm) that I will support the
faithfully discharge the duties of said office to	onstitution of the State of Wisconsin, and will
rainfully 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,
(6)	
(Signature of person authorized to ad	iminister oaths)
☐ Notary Public or ☐ other official	
Notary Public or Dother official	(Official title, if not a notary)
	(Official cite, it not a notally)
If Notary Public: My commission expires	, or \square is permanent