



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Oath of Office

A \$9.00 fee is required for filing this form with the City Clerk.

I, _____ do solemnly swear (or affirm) that I will support the
(Print Name)

Constitution of the United States, and the Constitution of the State of New York, and that I will

faithfully discharge the duties of the position of _____ in the
(Civil Service Title)

_____ of the City of New York, according to the best of my ability.
(Agency)

(Signature)

Subscribed and sworn before me this _____ day of _____, 20____.

(Notary Public)

And filed in the office of the City Clerk, this _____ day of _____, 20____.

(City Clerk)

Notary Stamp