

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Oath Agreement



I, _____
do hereby pledge and declare 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

in the **Department of Health and Mental Hygiene** of the City of New York
according to the best of my ability.

Subscribed and Sworn	}	_____
		Signature
Before me this _____ day of		_____
	}	Address
_____ 20__ .		_____
		Borough

Filed in the
Office of the City Clerk

this ____ day of _____ 20__.

City Clerk