

Board Member Oath of Office

OATH OF OFFICE
STATE OF ILLINOIS)
) SS
COUNTY OF _____)

I do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of _____ and Library Trustee according to the best of my ability.

Signature of Person Making Oath

Signature of Persons Administering Oath Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Governmental Unit

Office and Term

Elected Official's Name

Address (House Number and Street or Road Name)

City and Zip

Home Phone

Work Phone (if applicable)