

# DECLARATION OF CANDIDACY

PLEASE TYPE OR PRINT

\_\_\_\_\_  
Name of Candidate as It Will Appear on Ballot

\_\_\_\_\_  
Title of Office Sought (including district, office or ward number if applicable)

\_\_\_\_\_  
Candidate's Address of Residence — Street, City

\_\_\_\_\_  
Candidate's Mailing Address — Street or Box, City, State, ZIP

\_\_\_\_\_  
Telephone Number (Optional)

\_\_\_\_\_  
Email Address (Optional)

\_\_\_\_\_  
Website Address (Optional)

Party Candidate \_\_\_\_\_  
Name of Political Party

Independent

Judicial

I am a registered voter in \_\_\_\_\_  
Precinct

\_\_\_\_\_  
County

Date of Birth \_\_\_\_\_  
Month, Day, Year

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct and that I am fully qualified to become a candidate for the office which I seek and that I will be fully qualified to hold said office, if elected.

\_\_\_\_\_  
Signature of Candidate (as it appears at the top of this form)

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me \_\_\_\_\_  
Date

My commission expires \_\_\_\_\_ Commission number \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public or Officer Authorized to Administer Oath

SEAL

\_\_\_\_\_  
Title of Officer (Notary Public or Other Officer)