

OATH OF CANDIDATE

(Charter Section 65, City of Fort Pierce Code of Ordinances)

STATE OF FLORIDA
ST. LUCIE COUNTY
CITY OF FORT PIERCE

Before me, an officer authorized to administer oaths, personally appeared _____, to me well known who being sworn says that he/she is a candidate for the office of _____, District _____, Seat _____; that he/she is a qualified elector of the city of Fort Pierce, Florida; that he/she has resided in the City of Fort Pierce for the last past [sic] two (2) years immediately preceding the date of the election; and that he/she is qualified under the Constitution and Laws of Florida and the Charter of the City of Fort Pierce to hold the office for which he/she desires to be nominated.

Signature of Candidate

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____,
202__ by _____.
Candidate's Name

Name of Notary Typed, Printed or Stamped.

(NOTARY SEAL)

Personally Known ____ OR Produced Identification ____
Type of Identification Produced _____