

STATE OF SOUTH CAROLINA
OFFICE OF THE SECRETARY OF STATE

JIM MILES
SECRETARY OF STATE



P.O. BOX 11350
COLUMBIA, SC 29211

New _____ Renew _____

Full Name _____
Mailing Address _____ City _____ Zip Code _____
County _____ Social Security Number _____ Sex _____ Date of Birth _____
Voter Registration Number _____ Occupation _____

OATH OF NOTARY PUBLIC

I do solemnly swear (or affirm) that I am duly qualified, according to the Constitution of South Carolina, to exercise the duties of the office to which I have been appointed and that I will, to the best of my ability, discharge the duties thereof and preserve, protect and defend the Constitution of this State, and of the United States.
So help me God.

Sworn to and subscribed before me
this _____ day of _____, 19 _____

Signature of applicant

Notary Public of South Carolina

Date

My Commission Expires _____

We, the _____ Delegation, recommend the appointment of the above named applicant

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

(Signature of SENATOR)

Senate District _____

OR

(Signature of HOUSE MEMBER)

House District _____

The application must be endorsed by at least half of the present Legislative Delegates from the County of the applicant or by the Senator and House Member representing the District in which the Applicant resides.