

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19:23-15)

I, the undersigned, hereby certify that I am a member of the _____ Party and qualified for the office.

(Signature of Candidate)

(Printed or Typewritten Name of Candidate)

(Residence Address of Candidate)

(City or Town & Zip Code of Candidate)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

State of New Jersey :
County of : : ss.

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the
(Print Name of Governor Candidate)
State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under
the authority of the people.

So help me God.

Sworn and subscribed to before me in

_____ N.J., on
(List County where Oath was signed and notarized)

(Signature of Governor Candidate)

this _____ day of _____, 20____
(Day) (Month) (Year)

(Notary Signature)

(My Commission Expires)

(Place Notary Stamp in the area above)