LOYALTY OATH FILING – instructions (51 O.S. §36.3)

WHERE TO FILE:

- Every <u>State officer</u> shall be filed with the Secretary of State:

 Secretary of State, Executive Legislative Division,

 2300 N. Lincoln Blvd, Rm 122, Oklahoma City, OK 73105
- Every <u>state employee</u> shall be filed with the personnel officer of the state entity employing the state employee.
- All <u>other officers</u> shall be filed with the office of the county clerk of the county of official residence of the officer.
- All <u>other employees</u> shall be filed with the office of the county clerk of the county in which the entity employing the employee is located.
- Every <u>notary public</u> shall be filed with the office of the Secretary of State.
- All <u>municipal officers or employees or school district officers or employees</u> shall be filed in the office of the municipal clerk of the municipality or in the office of the school clerk of the school district for which the officer or employee serves or by which the officer or employee is employed.

TO ENSURE PROPER FILING:

Submit only the original oath with original signatures. Photo copies are not accepted. Type or print clearly in black ink:

- 1. List the name and address of the employing entity/board/commission.
- 2. Print the full and correct name of the person taking the oath
- 3. Name of the office, or if an employee, insert "an employee of_____ followed by the complete designation of the employing officer, agency, authority, commission, department or institution.

Person taking the oath is the "Affiant".

ATTESTATION OF LOYALTY OATH:

The Loyalty Oath must be signed and dated by a notary public or other officer authorized to administer oaths or affirmations (indicate title and rank, if other than a notary public) and include the identification of the jurisdiction in which the act is performed. The notary shall include the name of the individual making the statement (or taking the oath), the notary seal, commission expiration date and commission number.

*Please retain a copy for your records before submitting the oath for filing with the Secretary of State. For additional information, please call 522-4565.

Name of State Agency, Authority, C	ommission, Department or Institution
Address, City and Zip Code Agency, Author	ority, Commission, Department or Institution
Print Name of State office	eer or Employee (Affiant)
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laws of the United States of America a	t I will support the Constitution and the and the Constitution and the laws of the afully discharge, according to the best of aployment during such time as I am
	e, insert "An Employee of " followed by ing officer, agency, authority, commission,
	Signature of Affiant
State of	
County of	
Signed and sworn to (or affirmed) befor	·
,by _	Print name of person taking the oath
Signature of Notary Public, or other office authorized to administer oaths or affirmation	
Title and Rank (if other than a Notary Public	()
My	Commission Expires:
Com	nmission Number: