VERMONT
DEPARTMENT OF HEALTH

TOWN HEALTH OFFICER OATH / AFFIRMATION

In taking actions as a Local Health Officer under the authority of 18 VSA Chapters 3 and 11, I do solemnly swear/affirm that I will be true and faithful to the State of Vermont, and that I will not, directly or indirectly, do any act or thing injurious to the Constitution or Government thereof, so help me God (oath)/under the pains and penalties of perjury (affirmation).

I do solemnly swear/affirm that I will faithfully execute the office of Local Health Officer for the municipality named below and therein do equal right and justice to all persons, to the best of my judgment and ability, according to law, so help me God (oath)/under the pains of
penalties of perjury (affirmation).

_____
(Signature)

_____
(Name Printed)

Local Health Officer for the Municipality of

_____

State of Vermont)
SS
County of _____)

Subscribed & sworn/affirmed before me this ____day of _____in the year ____.

_____
Notary Public