



OATH OF OFFICE

For Health Authorities in the State of Texas

I, _____, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Affiant

Mailing Address

ZIP

(Area Code) Phone Number (day and evening)

Email Address

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Person Administering Oath

(Seal)

Printed Name

Title