STATE OF WISCONSIN, 

) ss

______________________ County )

I, ______________________________, having been elected or appointed to
the office of ______________________________ (title)
but have not yet entered upon the duties thereof, swear (or affirm) that I will support the
council of the United States and the constitution of the State of Wisconsin, and will
faithfully discharge the duties of said office to the best of my ability.

___________________________
(Signature of elected or appointed official)

Subscribed and sworn to before me this ______ day of __________________, ________.

______________________________
(Signature of person authorized to administer oaths)

☐ Notary Public or ☐ other official ______________________________

(Official title, if not a notary)

If Notary Public: My commission expires _________________________, or ☐ is permanent