

**OATH OF OFFICE  
FOR  
JACKSON COUNTY HEALTH DIRECTOR**

I, \_\_\_\_\_, do solemnly and sincerely affirm on my personal honor that I will support the Constitution of the United States; that I will be faithful and bear true allegiance to the State of North Carolina, and to the constitutional powers and authorities which are or may be established for the government thereof; and that I will endeavor to support, maintain and defend the Constitution and laws of said State, not inconsistent with the Constitution of the United States, to the best of my knowledge and ability; and that I will faithfully discharge the duties of my office as a Jackson County Health Director.

\_\_\_\_\_  
JACKSON COUNTY HEALTH DIRECTOR

STATE OF NORTH CAROLINA  
COUNTY OF JACKSON

SWORN TO AND SUBSCRIBED before me, this the 2<sup>ND</sup> day of April, 2024.

\_\_\_\_\_  
Printed Name of Notary \_\_\_\_\_  
NOTARY PUBLIC

My commission expires: