

New Jersey State Department of Education
Office of Licensure and Credentials

**OATH OF ALLEGIANCE/VERIFICATION OF ACCURACY
FOR SUBSTITUTE CREDENTIAL**

IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.

A. Basic Information *Please print your name as it appears on any documentation that you are required to submit.*

Last Name First Name Middle Name or Initial

Street Address

City State Zip

Social Security Number Date of Birth: Month Day Year

E-mail Address Phone Number Including Area Code

B. Oath of Allegiance *This form is to be completed only by those individuals who are U.S. citizens.*

I, _____, do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.

C. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink) Date

Sworn and subscribed to before me this _____ day of _____, 20____

Notary Seal

Notary Signature
