



**POCOMOKE CITY, MARYLAND
CERTIFICATE OF NOMINATION**

NAME OF CANDIDATE: _____

RESIDENCE (ADDRESS): _____

YEARS AT THIS ADDRESS: _____

PHONE NUMBER: _____

CELL NUMBER: _____

REGISTERED VOTER? _____ YES _____ NO

IN WHICH DISTRICT DO YOU LIVE? _____

OFFICE FOR WHICH CANDIDATE IS SEEKING NOMINATION: _____

ELECTION WILL BE HELD ON: **APRIL 29, 2025 for: District 3**
(Date)

X

SIGNATURE OF CANDIDATE:

DATE:

STATE OF MARYLAND, WORCESTER COUNTY, TO WIT:

I HEREBY CERTIFY THAT ON THIS _____ DAY OF _____ IN THE YEAR TWO THOUSAND TWENTY-FOUR BEFORE ME THE SUBSCRIBER A NOTARY PUBLIC OF THE STATE OF MARYLAND, PERSONALLY APPEARED _____ WHO ACKNOWLEDGED THE FOREGOING TO BE HIS/HER ACT AND MADE OATH IN DUE FORM OF LAW THAT THE MATTERS AND FACTS SET FORTH ARE TRUE.

AS WITNESS MY HAND AND SEAL:

(Place Notary Seal)

SIGNATURE OF NOTARY PUBLIC

DATE THAT COMMISSION EXPIRES