



County Clerk
STEVE PETER
Deputy County Clerk
MAUREEN COXWELL

SOMERSET COUNTY CLERK'S OFFICE

County Administration Building
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CountyClerk@co.somerset.nj.us



CERTIFICATE OF ACCEPTANCE

(as a selected County Committee Person to fill a vacancy)

The undersigned hereby certifies that I am a member of the _____ Party and qualified to serve as a County Committee Person in the _____ District in the municipality of _____ and that I am a legal voter in said District and will fulfill the duties of the office of County Committee Person.

Printed Name

Signature

Date: ___ of _____ 20__

Printed Address

Phone Number: _____

Municipal or County Chair Signature

Email: _____

State of New Jersey
County of Somerset SS.

Be it remembered that on this ___ day of _____ in the year ___ before me the subscriber _____ personally appeared who, I am satisfied, is the person mentioned in the above instrument, to whom I first made known the contents thereof, and thereupon _____ acknowledged that, _____ signed, sealed and delivered the same as _____ voluntary act deed, for the uses and purposes expressed therein.

(SEAL)

Signature

Printed name

My commission expires: _____

- Mission Statement -

The County of Somerset is committed to excellence and innovation in public service, promoting the well-being of all residents and communities by providing effective, efficient and responsive leadership.

Somerset County Is An Equal Opportunity Employer