



LOYALTY OATH LOG

TOWN/CITY of _____



| NAME | ADDRESS | PHONE NUMBER |
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I CERTIFY THE ABOVE INDIVIDUALS WERE ADMINISTERED THE "LOYALTY OATH" PURSUANT TO CONNECTICUT GENERAL STATUTE 28-12.

SIGNATURE

PRINTED NAME

TITLE

DATE

Original: To be kept on file with the City/Town Emergency Management Director
Copy: To be provided to the DEMHS Regional Coordinator