## MINNESOTA BALLOT QUESTION PETITION

## SIGNER'S OATH

"I swear (or affirm) that I know the contents and purpose of this petition and that I signed the petition only once and of my own free will"

## 

	DATE	SIGNATURE	YEAR OF BIRTH (If born in 1994 list month and day)	PRINT FIRST, MIDDLE, AND LAST NAME	RESIDENCE ADDRESS (number and street or route and box number) (Not a P.O. Box)  CITY OR TOWNSHIP	COUNTY
1.						
2.						
3.						
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10.						