

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”

ALL INFORMATION ON THIS PETITION IS SUBJECT TO PUBLIC INSPECTION

*****ALL INFORMATION MUST BE FILLED IN BY PERSON(S) SIGNING THE PETITION UNLESS DISABILITY PREVENTS THE PERSON(S) FROM DOING SO.*****

	DATE	PRINT FIRST, MIDDLE, AND LAST NAME	YEAR OF BIRTH (If born in 2007 list month and day)	SIGNATURE	RESIDENCE ADDRESS (number and street or route and box number) (Not a P.O. Box)	CITY OR TOWNSHIP	COUNTY
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							