

62nd Virginia Legislative District  
**DECLARATION OF CANDIDACY**

I, \_\_\_\_\_  
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME SUFFIX

RECENT ADDRESS \_\_\_\_\_

of the city/county of \_\_\_\_\_ hereby declare myself to be a candidate for  
the office of \_\_\_\_\_ in the 62nd Virginia Legislative District in the election to be  
held on May 6, 2023 in the Republican Canvass. If I am defeated in the canvass, my name is not to  
be printed on the ballots to be used in the succeeding general election for the same office.

Given under my hand this \_\_\_\_ day of, \_\_\_\_\_, 20 \_\_\_\_

SIGNATURE OF CANDIDATE	HOME TELEPHONE
PRINTED NAME OF CANDIDATE	BUSINESS TELEPHONE
MAILING ADDRESS	
CITY/TOWN/ZIP +4	

*THIS FORM MUST BE ACKNOWLEDGED BEFORE A NOTARY OR OFFICER AUTHORIZED TO TAKE ACKNOWLEDGEMENTS OR WITNESSED BEFORE 2 PERSONS REGISTERED & QUALIFIED TO VOTE IN THE ELECTION DISTRICT IN WHICH THE CANDIDATE OFFERS FOR OFFICE.*

To be completed by witnesses OR notary

State of \_\_\_\_\_ County/City of \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_, by . \_\_\_\_\_  
PRINT NAME OF CANDIDATE

WITNESSED:

1. \_\_\_\_\_  
SIGNATURE OF QUALIFIED VOTER  
PRINT FULL NAME  
RESIDENT ADDRESS  
CITY/TOWN ZIP

\_\_\_\_\_  
SIGNATURE OF QUALIFIED VOTER  
PRINT FULL NAME  
RESIDENT ADDRESS  
CITY/TOWN ZIP

OR  
PLACE PHOTOGRAPHICALLY REPRODUCIBLE  
NOTARY SEAL/STAMP BELOW

\_\_\_\_\_  
SIGNATURE OF NOTARY OR OTHER OFFICER NOTARY REGISTRATION NUMBER EXPIRATION DATE