



Republic of the Marshall Islands  
 Electoral Administration  
 POST OFFICE BOX 1078  
 MAJURO, MARSHALL ISLANDS 96960  
 Tel (692) 625-8713 Fax (692) 625-5353



## NOMINATION PAPER

**Note:** A Nomination Paper may only be filed in person or by an agent. It is the responsibility of the person being nominated to file a complete and accurate nomination paper.

Nomination Paper of a person to be a candidate at an election to be held in the following district:

PLEASE PRINT OR TYPE INFORMATION – (EXCEPT FOR SIGNATURES)

Nominated for the Office of	Electoral District:	Name as it is appear on the ballot paper NOMINEE:	
Nominee's full address within Electoral District:			
Mailing address (if different)			
Business Phone No:	Fax No:	E-Mail Address	Home Phone No:

### DECLARATION OF QUALIFICATION

I ....., the nominee mentioned in this nomination paper, declare that I am presently legally qualified to be elected and to hold the office for which I am nominated and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me on this .....  
 day of ..... 20 .....

.....  
 (signature of EBM or Election Official, etc.)

.....  
 (signature of nominee)

Date filed ..... Time filed .....

Initial: .....  
(nominee or agent) signature of EBM   
or  
Election Official

**CERTIFICATE**

I, the undersigned Election Board Member/Election Official, do hereby certify that I have examined the nomination paper of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

.....  
(signature of EBM or Election Official) (date certified)