



# **OFFICE OF THE MINNESOTA SECRETARY OF STATE** **CANDIDATE NAME PRONUNCIATION FORM**

**Candidate's Name (clearly print):** \_\_\_\_\_

**Office Filed For (clearly print):** \_\_\_\_\_

**Type of District (circle one):**

Federal    State    Judicial    County    S&WCD    City    Township    School  
District    Hospital    Park    Other  
District    District    District

**District's Name (clearly print):** \_\_\_\_\_

**Candidate Name's Pronunciation:**

**Additional Notes:**

***Info of Staff Member completing this form:***

**Name and Title:** \_\_\_\_\_

**Name of Your Jurisdiction:** \_\_\_\_\_

**Date completed:** \_\_\_\_\_

**Date submitted to County Auditor's Office:** \_\_\_\_\_

**Date submitted to ERS Data-Entry Staff Member:** \_\_\_\_\_

**Date entered into ERS:** \_\_\_\_\_