



OFFICE OF THE MINNESOTA SECRETARY OF STATE

2024 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 District Park District Other

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: _____