



## 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):

State      Judicial      County      S&Water      City      Township      School  
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: \_\_\_\_\_