



STATE OF MICHIGAN  
DEPARTMENT OF STATE  
LANSING

## Certificate of Acceptance

I, \_\_\_\_\_, hereby certify that  
(Name of Nominee)

I accept the nomination of the \_\_\_\_\_  
(Name of Party)

Party for the office of \_\_\_\_\_ to be voted for at the  
(Title of Office)

general election to be held on the \_\_\_\_\_ day of \_\_\_\_\_.

I reside at \_\_\_\_\_,  
(Street Address) (City or Township)

My mailing address is \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Nominee)