



OATH OF OFFICE

For Local Health Authorities in the State of Texas

(Please type or print legibly)

I, Dr. Darrel Pierce, M. D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Darrel Pierce
Affiant

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Mailing Address ZIP

Office: 903.689.0476
(Area Code) Phone Number (day and evening)

darrel@pierce-md.com
Email Address

SWORN TO and subscribed before me this 11th day of April, 20 22.



Robert Newsom
Signature of Person Administering Oath

Robert Newsom
Printed Name

Hopkins County Judge
Title