



LOCAL OFFICE PETITION OF NOMINATION IN 2024 GENERAL ELECTION

State Form 56760 (R3 / 6-23)

Indiana Election Division (IC 3-8-6-5; IC 3-8-6-6(b); IC 3-6-12)

(CAN-21)

COUNTY: _____

INSTRUCTIONS: This petition is used to nominate independent candidates or candidates of a minor political party. Petitioners are not required to provide precinct and ward information. Except in cases of disability, the petitioner must complete this information in the petitioner's own handwriting. If assistance is provided due to disability, the assister must complete the affidavit on the reverse of this form. **This petition must be filed with the appropriate county voter registration office for processing not earlier than January 10, 2024 and not later than NOON, July 1, 2024.** Each candidate must also file a statement of economic interest (CAN-12 form) at the time the CAN-21 is filed with county voter registration office for review. **Not later than NOON, July 15, 2024, the original, certified CAN-21 petitions, along with the Candidate's Consent form (CAN-20) and statement of economic interests (CAN-12),** must be filed with the appropriate county election board. **Candidates for Federal, State, State Legislative Offices, county-level judge, or prosecuting attorney should use a CAN-19 form, not this form. School Board Candidates should use a CAN-34 form, not this form.**

TO THE COUNTY CIRCUIT COURT CLERK OF _____ COUNTY:

Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature at the time this petition was processed by county voter registration officials; 2) the individual is a duly qualified registered voter in Indiana; and 3) the individual desires to be able to vote for the candidates listed below on the November 5, 2024 General Election Ballot as (check one box)

an independent candidate (only one (1) independent candidate allowed per petition) OR a candidate on the _____ Party ticket.

CANDIDATE NAME <i>(Note: the candidate's ballot name is established on the CAN-20 form)</i>		COMPLETE CANDIDATE ADDRESS <i>(If different from residence, include mailing address.)</i>	OFFICE SOUGHT	File with petition any political party device to be printed on the ballot under IC 3-8-7-11
1				
2				
3				
4				

							Office Use Only			
	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)			CITY or TOWN and ZIP CODE	REG (Y/N)	PCT/ WARD
		First	Last		Number	Street	Apartment			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

PETITION CARRIER CERTIFICATION *(Must be completed on each petition submitted for filing.)*

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

_____, 20____
 CARRIER'S SIGNATURE CARRIER'S PRINTED NAME CARRIER'S DATE OF BIRTH (month, day, year) DATE SIGNED BY CARRIER (month, day, year)

 CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE (number and street, city, state, and ZIP code)

Note: Indiana state law does not require a petition carrier to be an Indiana resident or registered voter of Indiana to circulate or gather petition signatures for a candidate. All fields in this certification must be completed before filing with the county closes at noon, July 1, 2024, or the petition is rejected.

COUNTY #1 VOTER REGISTRATION OFFICE CERTIFICATION				COUNTY #2 VOTER REGISTRATION OFFICE CERTIFICATION, IF APPLICABLE			
County:		Number of Valid Signatures:		County:		Number of Valid Signatures:	
I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.				I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.			
Witness my/our hand and seal this _____ day of _____, 2024, at _____, Indiana.		COUNTY SEAL HERE		Witness my/our hand and seal this _____ day of _____, 2024, at _____, Indiana.		COUNTY SEAL HERE	
Signature 1	<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)			Signature 1	<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)		
Signature 2	<input type="checkbox"/> Member of the Board of Registration (R)			Signature 2	<input type="checkbox"/> Member of the Board of Registration (R)		
AFFIDAVIT OF ASSISTANCE PROVIDED TO PETITIONER(S) WITH DISABILITIES							
I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:							
Names of Petitioners Assisted by me: _____							
						_____, 20____ DATE ASSISTANCE PROVIDED (month, day, year)	
_____ ASSISTER'S SIGNATURE		_____ ASSISTER'S PRINTED NAME			_____ ASSISTER'S ADDRESS (number and street, city, state, and ZIP code)		