STATE OF INDIANA

**INSTRUCTIONS:** Upon the request of the candidate, and no earlier than NOON, seventeen (17) days after the date of the election for this office, the circuit court clerk shall deliver this certificate to the individual declared elected by the county election board under Indiana Code 3-12-4-9.

## CERTIFICATE OF ELECTION TO THE OFFICE OF COUNTY COUNCIL MEMBER

COUNTY OF
WHEREAS, Indiana Code 3-10-2-13 required that the office of County Council Member be filled by the electors at the General Election conducted on November 8, 2022; and
WHEREAS, the County Election Board of this County met following the close of the polls at the aforesaid election, tabulated the votes cast for the office of County Council Member, and did declare the candidate receiving the highest number of votes for that office to be elected County Council Member
NOW, THEREFORE, AS THE SECRETARY OF THE COUNTY ELECTION BOARD AND THE DULY ACTING CIRCUIT COURT CLERK OF THIS COUNTY, I CERTIFY THAT
(Name of Candidate)
was elected COUNTY COUNCIL MEMBER, DISTRICT  (Indicate "AT LARGE" or name or number of district)
for a term of four (4) years, beginning January 1, 2023, and continuing until a successor is elected and qualified.
WITNESS, MY HAND AND OFFICIAL SEAL, THIS THE DAY OF, 2022.
Circuit Court Clerk

**INSTRUCTIONS:** This oath of office may be given by any individual authorized to administer an oath under Indiana Code 33-42-9. These individuals include a notary public, a judge of a court (within the court's jurisdiction), a mayor, clerk or clerk-treasurer of a city or town (within the city or town), a circuit court clerk or county auditor (within the county), and a State Senator or State Representative (anywhere within Indiana). **Note:** This oath must be filed with the circuit court clerk no later than January 31, 2023. (IC 5-4-1-1.2)

## **OATH OF OFFICE**

STATE OF INDIANA		
COUNTY OF		
and the Constitution of t	olemnly swear <i>(or affirm)</i> that I will support the Const the State of Indiana, and that I will faithfully, impartial of County Council Memberthe best of my ability.	ly, and diligently discharge
	Signature	_
	Printed Name	_
SUBSCRIBED AND SW	ORN TO BEFORE ME, THIS THE DAY OF _	, 20
	Signature	_
	Printed Name	_
	Title	_
If the person administeri expiration of commission	ing the oath is a notary public, add the county of residn:	lence and date of
COUNTY OF RESIDEN	CE:	
DATE COMMISSION EX	XPIRES: / /	