



LOCAL OFFICE PETITION OF NOMINATION IN 2020 GENERAL ELECTION

State Form 56760 (R / 9-19)

Indiana Election Division (IC 3-8-6-5; IC 3-8-6-6(b); IC 3-6-12-7)

(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 no earlier than January 8, 2020 and no later than NOON, June 30, 2020. 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, 2020, the certified petitions from the county voter registration office and the Candidate's Consent form (CAN-20), 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 (OR THE INDIANA ELECTION DIVISION IF A CANDIDATE FOR COUNTY-LEVEL JUDGE):
Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature at the time this petition will be processed; 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 3, 2020 General Election Ballot as (check only one box please) an independent candidate (only 1 independent candidate allowed per petition) or as candidates on the _____ Party ticket.

Candidate Name (as established on CAN-20 form)	Complete Candidate Address (If different from residence, include mailing address)	Office Sought	Insert here any political party device to be printed on the ballot under IC 3-8-7-11
1			
2			
3			
4			

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

Petition Carrier Certification

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)

County Voter Registration Office Certification				County Voter Registration Office Certification			
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 _____, 2020, at _____, Indiana.		COUNTY SEAL HERE		Witness my/our hand and seal this _____ day of _____, 2020, 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		Signature 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration	
Signature 2		<input type="checkbox"/> Member of the Board of Registration		Signature 2		<input type="checkbox"/> Member of the Board of Registration	
Affidavit of Assistance Provided to Petitioner(s)							
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 (<i>month, day, year</i>)	
_____ ASSISTER'S SIGNATURE		_____ ASSISTER'S PRINTED NAME		_____ ASSISTER'S ADDRESS (<i>number and street, city, state, and ZIP code</i>)			