



# PETITION OF NOMINATION FOR CITY OR TOWN OFFICE IN 2021

(CAN-44)

State Form 49024 (R8 / 5-21)

Indiana Election Division (IC 3-8-6-5; IC 3-8-6-10)

COUNTY: \_\_\_\_\_

**INSTRUCTIONS:** This petition is used to nominate independent candidates or candidates of a minor political party not already entitled to have its candidates placed on the ballot. Petitioners are not required to provide precinct or ward information. The county voter registration office will complete this information after the petition is filed. 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. Each candidate must also complete a Candidate's Consent form (CAN-45). *The political party affiliation, if any, of each candidate with any other candidate or group of candidates is set forth on the CAN-45 form.* **This petition must be filed with the appropriate county voter registration office for processing no earlier than January 6, 2021 and no later than NOON, July 1, 2021. Democratic and Republican Party candidates running in a municipal primary should use a CAN-42 form, not this form. Democratic, Libertarian, and Republican Party candidates in a town which is not conducting a municipal primary use a CAN-16 form, not this form.**

TO THE \_\_\_\_\_ COUNTY VOTER REGISTRATION OFFICE:

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 2, 2021 Municipal Election Ballot as *(check only one box please)*  an independent candidate **(only one (1) independent candidate allowed per petition)** OR  as candidates on the \_\_\_\_\_ Party ticket.

Candidate Name (As established on CAN-45 form)	Complete Candidate Address (If different from residence, include mailing address.)	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				

	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes) Number Street Apartment	CITY or TOWN and ZIP CODE	Office Use Only	
		First	Last				REG (Y/N)	PCT/ WARD
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 # 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 _____, 2021, at _____, Indiana.		COUNTY SEAL HERE		Witness my/our hand and seal this _____ day of _____, 2021, 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)		
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)