Reset Form

TOWN CONVENTION CERTIFICATE OF NOMINATION (CAN-18)

State Form 46423 (R12 / 11-10)
Indiana Election Commission (IC 3-8-5-13; IC 3-8-5-14)

INSTRUCTIONS: This form is to be used to certify candidates of the Democratic Party, Libertarian Party, or Republican Party who are nominated by a town convention to the circuit court clerk of the county having the greatest percentage of population of the town. After receiving this certification, the circuit court clerk *(or Lake County Election Director)* must forward a copy of this certificate to the appropriate town clerk-treasurer.

TO THE _____ COUNTY CIRCUIT COURT CLERK *(or LAKE COUNTY ELECTION DIRECTOR)*:

The undersigned certify all of the following:

(1) A convention of the *(check one)* ☐ Democratic Party ☐ Libertarian Party **OR** ☐ Republican Party was duly held in the town on the _____ day of August, 20__, for the purpose of nominating candidates of the party for the election to be held on November __, 20__.

(2) At the convention the following candidates were nominated for the respective offices and the residence address of each candidate is as follows:

Candidate Name	Residence Address	Office Sought

(3) If the town has council districts, each candidate for town council resides in the district for which the person is a candidate.

(4) Each candidate is a registered voter of the town and legally qualified to hold the office for which the person is a candidate.

(5) The title of the party that the candidates represent is the ☐ Democratic ☐ Libertarian **OR** ☐ Republican Party.

CERTIFICATION OF PRESIDING OFFICER AND SECRETARY OF TOWN CONVENTION

We, the undersigned, certify that we were respectively the presiding officer and secretary of the town convention and certify that the information in this Certificate of Nomination is true and complete.

_____ _____/_____/_____ _____
Signature of Presiding Officer | Date Signed *(MM/DD/YY)* | Name of Town

_____
Residence Address of Presiding Officer

_____ _____/_____/_____ _____
Signature of Secretary | Date Signed *(MM/DD/YY)* | Name of Town

_____
Residence Address of Secretary

STATE OF _____)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20__.

SEAL

_____
Notary Public or Other Official Administering Oath

My Commission expires *(applies only to Notary Public)*: _____ County of Residence: _____