



**CERTIFICATE OF CANDIDATE SELECTION TO FILL
AN EARLY BALLOT VACANCY FOR A FEDERAL OR STATE OFFICE IN
2024**

(CAN-27)

State Form 47012 (R17 / 11-23)
Indiana Election Division (IC 3-13-1-3, 3-13-1-4, 3-13-1-15)

INSTRUCTIONS: For use by major political parties in filling ballot vacancies for federal or state office. This certificate must be filed with the Indiana Election Division not later than NOON 3 days (*excluding Saturdays and Sundays*) after selection of the candidate. **However, when a vacancy occurs because no candidate was nominated at the primary, the certificate must be filed no later than NOON, July 3, 2024.** Note: This form is not used for early ballot vacancies for local office, including judicial offices and prosecuting attorney (CAN-29) or for state legislative vacancies (CAN-28).

TO THE INDIANA ELECTION DIVISION:

GENERAL INFORMATION

This is to certify the following:

(1) A duly called meeting of the (*check one*) Democratic Party **OR** the Republican Party of Indiana was held on the _____ day of _____, 2024, by the state committee for a candidate vacancy for U.S. Senate or State Office (*or by the precinct committeemen in the precinct of the appropriate congressional district for a candidate vacancy for U.S. Representative*). The Chair of the meeting was authorized to certify the name of the candidate stated below, a duly qualified and registered voter of _____ County (*and the district the candidate seeks to represent*), as the candidate for the office of _____, District _____ (*if any*) to be voted on at the general election to be held on November 5, 2024, to fill a vacancy now existing on this Party ticket.

(2) The candidate named in this certificate is legally qualified to be a candidate for and to hold the office.

(3) This certificate is executed to request that this candidate's name be certified to the appropriate election officials so that it will appear on the general election ballot. **The written consent of this person to the nomination (CAN-31) has previously been filed with the Indiana Election Division.**

CANDIDATE NAME INFORMATION

(4) I request that my name appear on the general election ballot in the following manner as described in IC 3-5-7:

First Designation	Second Designation	Third Designation	Fourth Designation	Suffix
This can be: <ul style="list-style-type: none"> The candidate's legal given name. The initial of the candidate's legal given name. The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname. 	This can be: <ul style="list-style-type: none"> The candidate's legal middle name. The initial of the candidate's legal middle name. The candidate's nickname. The candidate's legal surname. 	If not used in the first or second designation, this can be: <ul style="list-style-type: none"> The candidate's nickname. The candidate's legal surname 	If not used in the third designation, this can be: <ul style="list-style-type: none"> The candidate's nickname. The candidate's legal surname 	Examples: <ul style="list-style-type: none"> Jr. or III CANNOT be a title or degree such as MD, JD

I also request that my name on my voter registration record be the same as the name on this certificate. (IC 3-8-2-7(c))

If a candidate's name does not comply with IC 3-5-7, the certificate may be challenged under Indiana Code 3-8-1-2. A candidate may use a nickname on the ballot only if the nickname is a name by which the candidate is commonly known and does not exceed 20 characters. A candidate may not use a title or degree as a designation or a designation that implies a title or degree. Nicknames are required to be printed on the ballot using parentheses. EXAMPLE: John R. (Jack) Doe

RESIDENCY INFORMATION

(5) Candidate's residence address is:

_____, _____, _____
Complete Residence Address Must Be Inserted City State ZIP Code

(6) Candidate's mailing address is (*if different from residence address*):

_____, _____, _____
Mailing Address (*Write "SAME" if both addresses are identical or leave blank*) City State ZIP Code

OPTIONAL INFORMATION: Candidate's e-mail address: _____ Campaign website address: _____

PLEASE COMPLETE REVERSE OF FORM

CERTIFICATION OF STATE PARTY CHAIR (OR CHAIR'S DESIGNEE)

I, the Chair of the State Committee of Indiana (*or designee to chair the caucus*), certify that the information in this Certificate of Candidate Selection is true and complete.

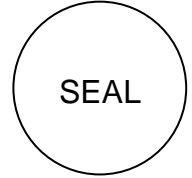
Signature of Chair (or Chair's Designee)

Printed Name of Chair (or Chair's Designee)

____/____/____
Date Signed (MM/DD/YY)

STATE OF _____)
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 2024.



Notary Public or Other Official Administering Oath according to IC 33-42-9

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