



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

**(CAN-28)**

State Form 47009 (R16 / 11-23)  
Indiana Election Division (IC 3-13-1-5, 3-13-1-15)

**INSTRUCTIONS:** For use by major political parties in filling ballot vacancies for state legislative 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 election, the certificate must be filed no later than NOON, July 3, 2024. See also IC 3-13-1-14 concerning the requirement to attach a file-stamped copy of the appropriate statement of economic interests.

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 precinct committeemen of the Senate or House District stated below. 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 \_\_\_\_\_ 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 and has complied with IC 3-13-1-14.
- (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 has previously been filed with the Indiana Election Division or is attached (CAN-31 form).**

**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: • 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: • 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: • The candidate's nickname. • The candidate's legal surname	If not used in the third designation, this can be: • The candidate's nickname. • The candidate's legal surname	Examples: • 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:

\_\_\_\_\_, Indiana \_\_\_\_\_  
 Complete Residence Address Must Be Inserted City ZIP Code

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

\_\_\_\_\_, Indiana \_\_\_\_\_  
 Mailing Address (Write "SAME" if both addresses are identical or leave blank.) City ZIP Code

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

**PLEASE COMPLETE REVERSE OF FORM**

**CERTIFICATION OF THE CHAIR OF THE CAUCUS**

I, the Chair of the Caucus of precinct committeemen acting to fill a ballot vacancy in a state legislative office, certify that the information in this Certificate of Candidate Selection is true and complete.

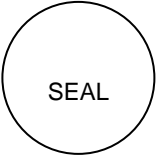
\_\_\_\_\_  
Signature of Chair

\_\_\_\_\_  
Printed Name of Chair

\_\_\_\_/\_\_\_\_/\_\_\_\_  
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: \_\_\_\_\_