



**AFFIDAVIT OF COUNTY VOTER REGISTRATION OFFICER  
CONCERNING VOTER LIST MAINTENANCE**

**(VRG-21)**

State Form 47858 (R9 / 9-19)  
Indiana Election Division (IC 3-7-12-27)

**INSTRUCTIONS:** This form must be completed by the county voter registration officer (in a county with no board of registration, the circuit court clerk; in a county with a board of registration, the two board members; in Lake County or Porter County, the election director of the board of elections and registration; in Tippecanoe County, the board of elections and registration). The form must be filed with the **election division not later than noon seventy-seven (77) days before each primary, general, or municipal election**, and after the voter list maintenance programs required by state law, are completed. These programs must be completed no later than ninety (90) days before each election.

STATE OF INDIANA )  
 )  
COUNTY OF \_\_\_\_\_ )

The undersigned individual(s), who serve as the county voter registration officer(s) of this county, being duly sworn on the individual(s) oath(s) do swear or affirm the following:

1. I (We) serve as the county voter registration officer(s) for \_\_\_\_\_ County.
2. The voter list maintenance programs required under Indiana Code 3-7 have been conducted in accordance with state and federal law.
3. The registrations of voters required to be canceled under the voter list maintenance program have been canceled.

Signature	Printed Name	Title
Signature	Printed Name	Title

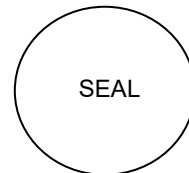
I certify that this oath was subscribed and sworn (or affirmed) to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_:

\_\_\_\_\_  
(Signature)

*(If the person administering the oath is not the Circuit Court Clerk, add the date the person's commission expires and the county in which the person resides.)*

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



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

My Commission expires *(applies only to Notary Public)*: \_\_\_\_\_

County of Residence: \_\_\_\_\_