PETITION OF NOMINATION FOR CITY OR TOWN OFFICE IN 2027 (CAN-44)

State Form 49024 (R11 / 8-26)
Indiana Election Division (IC 3-8-6-5; IC 3-8-6-6(b); IC 3-8-6-10; IC 3-6-12)

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. 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. **This petition must be filed with the appropriate county voter registration office for processing no earlier than January 6, 2027, and not later than NOON, June 30, 2027.** Each candidate must also file a statement of economic interest (CAN-12 form) at the time the CAN-44 is filed with county voter registration office for review, except in a county where a separate board of voter registration has been established. **Not later than NOON, July 15, 2027, the certified petitions from the county voter registration office, the Candidate's Consent form (CAN-45) and a statement of economic interest** *(for those filing in a county with a separate board of voter registration)***,** must be filed with the appropriate county election board**. Democratic and Republican Party candidates running in a municipal primary should use a CAN-2 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.** *Note: Except for candidate for city or town judge, each candidate must file the CAN-12 statement of economic interest. A candidate for city or town judge must file a statement of economic interest form with the Commission of Judicial Qualification and attach a filed copy of that statement with this petition as provided in the instructions above.*

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 candidate listed below on the November 2, 2027 Municipal Election Ballot as *(check only one):*

☐ 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** First Last	**DATE OF BIRTH** MM/DD/YYYY	**RESIDENCE ADDRESS (*No P.O. Boxes*)** Number Street Apartment	**CITY or TOWN and ZIP CODE**	***Office Use Only*** ***REG (Y/N)***	***PCT/ WARD***
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Petition Carrier Certification *(Must be completed on each petition submitted for filing.)*

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 _____, 2027, at _____, Indiana.		COUNTY SEAL HERE		Witness my/our hand and seal this _____ day of _____, 2027, at _____, Indiana.		COUNTY SEAL HERE	
Signature 1		☐ Clerk of the Circuit Court or ☐ Member of the Board of Registration (D)		Signature 1		☐ Clerk of the Circuit Court or ☐ Member of the Board of Registration (D)	
Signature 2		☐ Member of the Board of Registration (R)		Signature 2		☐ 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 petitioner(s), due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:

Names of Petitioner 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)*

Names of Petitioner 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)*

Names of Petitioner 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)*