



**CERTIFICATE OF CANDIDATE SELECTION TO FILL  
A LATE BALLOT VACANCY FOR A CITY OR TOWN OFFICE**

**(CAN-50)**

State Form 49036 (R3/11-10)  
Indiana Election Commission (IC 3-13-2-5; 3-13-2-8)

**INSTRUCTIONS:** For use by major political parties in filling ballot vacancies for local office in the final thirty (30) days before election day. This certificate must be filed no later than 3 days (excluding Saturdays and Sundays) after selection of the candidate with the circuit court clerk of the county in which the greatest percentage of the population of the election district is located.

TO THE \_\_\_\_\_ COUNTY CIRCUIT COURT CLERK OR INDIANA ELECTION DIVISION:

**GENERAL INFORMATION**

This is to certify the following:

- (1) As the county chairman of the (check one)  Democratic Party **OR** the  Republican Party of \_\_\_\_\_ County, Indiana, I certify the name of the candidate stated below.
- (2) The candidate named in this certificate is a duly qualified and registered voter of the above-named county (and the district or division the candidate seeks to represent), as the candidate for the office of \_\_\_\_\_, District \_\_\_\_\_ (if any) to be voted on at the municipal election to be held on November \_\_, 20\_\_, to fill a vacancy now existing on this Party ticket.
- (3) The candidate named in this certificate is legally qualified to be a candidate for and to hold the office.
- (4) 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 municipal election ballot. **The written consent of this person to the nomination has previously been filed with this office or is attached (CAN-48 form).**

**CANDIDATE NAME AND RESIDENCY INFORMATION**

- (5) Name of Candidate (as the candidate wants the name to appear on the ballot and as permitted to appear on the ballot under IC 3-5-7):  
\_\_\_\_\_
- (6) Candidate's residence address is:  
\_\_\_\_\_, Indiana \_\_\_\_\_  
Complete residence address must be inserted City ZIP Code
- (7) 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

**CERTIFICATION OF PARTY CHAIR**

I, the Chair of the above-named County, acting to fill a ballot vacancy for a local 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 \_\_\_\_\_ ) SS:

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



\_\_\_\_\_  
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): \_\_\_\_\_ County of Residence: \_\_\_\_\_