



**INDIANA PETITION OF NOMINATION FOR FEDERAL, STATE, STATE LEGISLATIVE,  
OR CERTAIN LOCAL OFFICES IN 2024**

**(CAN-19)**

State Form 36186 (R23 / 6-23)

Indiana Election Division (IC 3-8-6-5; IC 3-8-6-6(b); IC 3-6-12)

COUNTY: \_\_\_\_\_

**INSTRUCTIONS:** This petition is used to nominate independent candidates or candidates of a minor political party. Petitioners are not required to provide precinct and 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 not earlier than January 10, 2024 and not later than NOON, July 1, 2024.** Each candidate must also file a Candidate's Consent form (CAN-20), original certified petitions, and file-stamped copy of the statement of economic interests with the Indiana Secretary of State or Indiana Election Division not later than **NOON, July 15, 2024.** **Candidates for county-level judge or prosecuting attorney should use this form, not the CAN-21. Candidates for other Local Offices should use a CAN-21 form, not this form. School Board Candidates should use a CAN-34 form, not this form. Presidential Candidates must complete certification of presidential elector candidates on the reverse.**

**TO THE SECRETARY OF STATE OF INDIANA OR THE INDIANA ELECTION DIVISION:** Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature at the time this petition was processed by county voter registration officials; 2) the individual is a duly qualified registered voter in Indiana; 3) the individual desires to be able to vote for the candidates listed below on the November 5, 2024 General Election Ballot; and 4) each of the undersigned respectfully requests you place the following name(s) of the legally qualified candidates for the office listed as (check one box)  an independent candidate (only one (1) independent candidate allowed per petition) or independent ticket for President/Vice President **or** Governor/Lieutenant Governor **OR**  as candidates on the \_\_\_\_\_ Party ticket.

CANDIDATE NAME <i>(Note: the candidate's ballot name is established on the CAN-20 form)</i>		COMPLETE CANDIDATE ADDRESS <i>(If different from residence, include mailing address.)</i>	OFFICE SOUGHT	<i>File with petition any political party device to be printed on the ballot under IC 3-8-7-11</i>
1				
2				
3				

	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes)			CITY or TOWN and ZIP CODE	Office Use Only	
		First	Last		Number	Street	Apartment		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)

Note: Indiana state law does not require a petition carrier to be an Indiana resident or registered voter of Indiana to circulate or gather petition signatures for a candidate. All fields in this certification must be completed before filing with the county closes at noon, July 1, 2024, or the petition is rejected.

COUNTY #1 VOTER REGISTRATION OFFICE CERTIFICATION				COUNTY #2 VOTER REGISTRATION OFFICE CERTIFICATION			
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  _____, 2024, at  _____, Indiana.		COUNTY SEAL HERE		Witness my/our hand and seal this  _____ day of  _____, 2024, at  _____, Indiana.		COUNTY SEAL HERE	
Signature 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)		Signature 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration (D)	
Signature 2		<input type="checkbox"/> Member of the Board of Registration (R)		Signature 2		<input type="checkbox"/> Member of the Board of Registration (R)	
<b>PRESIDENTIAL CANDIDATE CERTIFICATION OF PRESIDENTIAL ELECTORS</b>				As the presidential candidate nominated by the petitioners signing this petition, I certify that the following qualified and eligible individuals are the candidates for presidential elector in Indiana pledged to support my candidacy, or if I am the candidate of a political party, the candidates of my party.			
NAME		ADDRESS		NAME		ADDRESS	
1				6			
2				7			
3				8			
4				9			
5				10			
NOTE: This petition may be used to nominate at least one, but no more than eleven presidential elector candidates. The presidential candidate is only required to sign one copy of this certification.				11			
PRESIDENTIAL CANDIDATE PRINTED NAME				PRESIDENTIAL CANDIDATE SIGNATURE			

AFFIDAVIT OF ASSISTANCE PROVIDED TO PETITIONER(S) WITH DISABILITIES	
I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:	
Names of Petitioners 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) _____	