

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 _____, 2023, at _____, Indiana.		COUNTY SEAL HERE		Witness my/our hand and seal this _____ day of _____, 2023, 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)		

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) _____