AMERICAN RED CROSS TESTING OFFICE
143 MAIN STREET
CAMBRIDGE, MA 02142-1530
1-800-962-4337/ 781-979-4010
http://BostonRedCross.org/testing massbaytesting@usa.redcross.org

DUPLICATE/REPLACEMENT CERTIFICATE APPLICATION

If you need a replacement certificate and you do not have any changes in information, follow these steps:

1. MAIL the Duplicate Request form (below) and a MONEY ORDER or FACILITY CHECK (NO PERSONAL CHECKS WILL BE ACCEPTED) for $20.00 for each certificate requested, made payable to: The American Red Cross Testing Office, 143 Main Street, Cambridge, MA 02142-1530.

** If you have changed your social security number you must submit a copy of your **old** and **new** social security cards, along with this completed duplicate request form and fee.

** If you have changed your name you must include **legal documentation of name change**, along with this completed duplicate request form and fee.

The American Red Cross Testing Office will issue you a duplicate/replacement certificate within 21 days of our receiving the duplicate request form.

NAME:_____ / _____ / _____
First M.I Last Name

MAILING ADDRESS: _____
Number Street Apt. No.

_____
City State Zip Code

S.S#:_____-_____-_____ _____
Maiden Name

Email Address:_____

I am requesting a copy of my: **MAP Certificate** _____ **C.N.A Certificate** _____

I certify that the information provided on this form is true and accurate, and that I am the person whose name appears on this form and is requesting the Replacement/Duplicate Certificate.

_____
Signature Date