

AMERICAN RED CROSS TESTING OFFICE

143 MAIN STREET

CAMBRIDGE, MA 02142-1530

1-800-962-4337/ 781-979-4010

FAX 781-979-4014

<http://BostonRedCross.org/testing> massbaytesting@usa.redcross.org

MAP 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 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: _____