

AMERICAN RED CROSS TESTING OFFICE

180 Rustcraft Road, Dedham, MA 02026

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

www.redcross.org

matesting@redcross.org

DUPLICATE/REPLACEMENT CERTIFICATE REQUEST

OLD INFORMATION

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

MAILING ADDRESS: _____
Number Street Apt. No.

City State Zip Code

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

NEW INFORMATION (if applicable)

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

MAILING ADDRESS: _____
Number Street Apt. No.

City State Zip Code

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

Email Address: _____ Phone: _____

* If you have changed your name you must include **legal documentation of name change**, along with this completed change of information application.

** 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 change of information application.

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

Mail completed form and \$20 money order to address listed above.

Personal checks and will not be accepted.