AMERICAN RED CROSS TESTING OFFICE
143 Main Street. Cambridge, MA 02142
1-800-962-4337/ 781-979-4010
www.redcross.org/ma/boston/testing 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:_____

* 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 will not be accepted.