

## Duplicate Certificate Request Form

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First Name (Please Print) \_\_\_\_\_ Last Name (Please Print) \_\_\_\_\_

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Street Address \_\_\_\_\_ Suite/Apt. # \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Course Name	Completion Date	Name of Organization/Site where course was conducted	Name of Instructor(s)
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____

All duplicate/previously issued certificates are **\$25.00 each** which is non-refundable. Please mail this form with your check or money order payable to the “American Red Cross in Westchester County”. Requests will be processed with in five (5) business days. Mail to: **Preparedness Department**  
**American Red Cross in Westchester County**  
**106 North Broadway**  
**White Plains, NY 10603**

Failure to provide all requested information may prevent the issuing of a duplicate certificate. **Only certificates for courses conducted in Westchester County will be issued.** The **\$25.00** fee is **non-refundable** and is subject to change without notice. Additional fees may be charged for extended/repeated record searches.

Customer Signature: \_\_\_\_\_

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**OFFICE USE ONLY**

Date certificate(s) issued/mailed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Issued by \_\_\_\_\_ Fee Paid \_\_\_\_\_