

REPLACEMENT CARDS FORM

American Red Cross of Northern New Jersey

If you have lost/misplaced your American Red Cross Certification Card and would like to replace it, you must complete the following information.

Personal Information

Name _____

Address _____
Street City State Zip

Phone Number (Day) _____ (Evening) _____

E-mail Address _____

Course Information

All of this information is vital to locate your certification. You must provide all information below and must indicate the instructors' name and the end of the class. If you cannot provide this information, please call the location at which you took the course to and request the information.

Name of Course: _____

Name of Certification Cards Needed: _____

Date Course(s) Completed: _____

Location of Course(s): _____

Instructor(s) Name: _____

Please be advised that Replacement Cards take approximately 10 Business days to process.

Return this form to:

**American Red Cross of Northern New Jersey
Health & Safety Department
209 Fairfield Road
Fairfield, New Jersey 07004**

There is a \$10.00 processing fee for each replacement card. This fee is for the research of the certification card and it will not be refunded if the certification is not found. Payment must be made prior to the research process and must be submitted with this form. If paying by check, please make the check payable to the American Red Cross of Northern New Jersey.

Office Use Only

Date Received _____ Invoice Number _____ Date Mailed _____