



American Red Cross Kern Chapter
5035 Gilmore Street P.O Box 1226
Bakersfield, CA 93302-1226
www.kernredcross.org

Replacement Certificate Form

This information is required in order to verify and type replacement certificates (cards). If you cannot provide all the information, please provide as much as possible. Without adequate information, we may be unable to issue a replacement certificate (card). Certificates can only be replaced for courses that took place in our geographical jurisdiction.

Name (when card issued):

Address (when card issued):

City, state, zip code

Name of course Taken:

Date Course Completed:

Month Day Year

Instructor's Full Name:

Location of course:

A processing fee of \$10.00 (per card requested) is required before search begins (allow 2 weeks for delivery). \$5.00 extra if card is needed immediately. Enclose your check or money order with this completed form and return to send to P.O. Box 1229 Bakersfield, CA 93302. If you wish to pay with a credit card please fax complete form at 661-321-0744

Visa Master Card Discover American Express

Credit Card #: exp. Date / v-code:

PROCESSING FEE IS NOT REFUNDED IF WE ARE UNABLE TO VERIFY YOUR PARTICIPATION OR COMPLETION OF THE COURSE OR CERTIFICATION HAS EXPIRED.

I HAVE READ AND AGREE TO THE PROCESSING FEE POLICY.

Signature Date:

Current Mailing Address:

Current Phone Number:

INTERNAL USE ONLY

Date Received Amount \$ Pass/Fail Instructor

Class Verified By: Mailed/Given on