



OFFICE OF THE REGISTRAR

Replacement Parchment Request

If you select option A or B below, you must return your original parchment before we can release the replacement parchment.

If you select option C below, you must also complete and submit the **original paper copy** of the [Lost Parchment Declaration](#) form.

Inquiries can be directed to graduation@mun.ca or 709 864 4435.

Processing Time: Approximately 1-2 weeks.

Fee: \$60. Only one replacement parchment per request. Complete another request form if you wish to replace another parchment.

Drop off this form at A 2003 or mail to: Registrar's Office, Memorial University, 230 Elizabeth Avenue, St. John's NL A1C 5S7

Student and Program Information

MUN Student ID Number	First (Given) Name	Last (Family) Name
Date of Birth (if student ID number unknown)	Telephone	@mun.ca email
Degree/Diploma/Certificate (e.g. MA, B.Sc., Dip. in Bus., Cert. in Crim.)		Graduation Month and Year (e.g. May 2015 or October 2015)

Reason for Replacement of Parchment (Complete option A, B, or C and use the checklist to confirm which documents you need to submit.)

Original parchment must accompany options A or B

Lost Parchment Declaration form must accompany option C

A. Legal Name Change

- I would like my name to appear on my replacement parchment as:

- I enclose supporting documentation (e.g. copy of birth certificate, driver's licence, marriage/divorce documents, or passport).
- I enclose the original parchment.

B. Original parchment has been damaged

- I enclose the original parchment.

C. Original parchment has been lost, stolen, or destroyed

- I enclose a Lost Parchment Declaration form.*

* An original copy of the [Lost Parchment Declaration](#) form, bearing your signature and the seal and signature of a Notary Public or Commissioner of Oaths must be submitted with this request.

Delivery Options

Choose one of the following:

- Pick Up** (Photo ID will be required. If someone else will pick up your parchment, name that person as the Recipient below.)
- Mail** (A complete delivery address is required. Provide details in the fields below.)

Recipient Name	Recipient Phone Number (required if shipping outside of Canada / U.S.)
Address	
City, Province/State, Postal/Zip Code, Country	

Authorization

Graduate's Signature (not required if this form is submitted via your @mun.ca email account)

Date (Month/Day/Year)

Personal Information and Protection of Privacy: The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7) and is needed to process your request and determine your eligibility for replacement of your official Memorial University degree, diploma, or certificate parchment. Direct any questions regarding the use of information collected on this form to the Registrar's Office at graduation@mun.ca.

For Registrar's Office Use Only	1. Document: ___ Original returned OR ___ Lost Parchment Declaration form received.
	2. Delivery: ___ Contacted to pick up Pick up date: _____ OR Mailed on _____
	3. Recorded in SPACMNT ___

Method of Payment

Memorial University offers students a variety of payment methods. Each method is described in detail by [Financial and Administrative Services](#).

Questions regarding methods of payment should be directed to cashiers@mun.ca.

Credit Card (choose one):	Visa	Mastercard
Credit Card Number	Expiry Date (MM/YYYY)	
Name on Card	Signature	

For Cashier's Office Use Only

FOAPAL: 100001 46201 51952 4102

One parchment request at \$60 = \$ _____

Cashier's Stamp