



COPY OF CERTIFICATE

Requesting a copy of (please check): Teacher's Certificate Principal's Certificate

New Brunswick Certification Number: (7 digits) _____

Name: _____
(Surname) (Maiden) (First Name) (Middle Name)

Date of Birth: _____
(YYYY) (MM) (DD)

Mailing Address: _____

Telephone Numbers:

Home: _____

Work: _____

Cell: _____

E-mail: _____

The fee for a copy of your certificate is **\$30.00** each. Payment must be made by **money order** or **cheque payable** to the **Minister of Finance, Province of New Brunswick**.

Once your application form has been received by our office, please allow 4 weeks to 25 work days for processing.

(Signature)

(Date)