

# Duplicate Parchment Request Form



**Please complete this form and return to:**

*Examinations Office, Dun Laoghaire Institute of Art, Design + Technology, Carriglea Park, Kill Avenue, Dun Laoghaire, Co Dublin*

**The completed form must be submitted with the following:**

- Completed Statutory Declaration (attached) signed by a Commissioner for Oaths
- Evidence of fee payment of €100 to IADT for duplicate parchment (email confirmation is acceptable)

*I wish to request the issue of a duplicate parchment in respect of my IADT award. In addition to this application form, I enclose the statutory declaration and the appropriate fee.*

*My details are as follows:*

<b>Full Name</b>	
<b>Address</b>	
<b>Contact Phone Number</b>	
<b>Email Address</b>	
<b>Date of Birth</b>	
<b>IADT Student Number</b> <i>(if known)</i>	
<b>Year of Conferring</b>	
<b>Title of Programme Undertaken</b>	

Please note that the word DUPLICATE will appear on the new parchment

***For Official Use only***

<b>Date Received</b>	
<b>Payment Evidence</b>	
<b>Statutory Declaration attached</b>	
<b>Date Processed</b>	
<b>Signed</b>	

# Statutory Declaration Form



I, \_\_\_\_\_ (insert full name) of \_\_\_\_\_

\_\_\_\_\_ (insert address) aged 18 years and

upwards, do solemnly and sincerely declare that:

**1** I am one and the same person on whom the following qualification (tick the appropriate box below) in

\_\_\_\_\_ was conferred on in the

year \_\_\_\_\_ by Dun Laoghaire Institute of Art, Design +

Technology, and that I was the recipient of the said parchment.

Qualification	Level	Tick the appropriate box below
National/Higher Certificate	6	
National Diploma/Bachelor Degree	7	
Honours Bachelor Degree	8	
Masters Degree	9	

**2** The said parchment of which I was the recipient has been lost and despite careful and exhaustive searches cannot be located. I therefore believe it to have been irretrievably lost or destroyed.

**3** I hereby request that a duplicate be issued to me by Dun Laoghaire Institute of Art, Design + Technology, by way of replacement.

AND I make this solemn declaration conscientiously believing that the same to be true for the benefit of the Institute and by virtue of the Statutory Declaration Act, 1938.

## TO BE COMPLETED BY A COMMISSIONER FOR OATHS:

Declared by \_\_\_\_\_ (declarant's name) on this \_\_\_\_\_

\_\_\_\_\_ (date) day of \_\_\_\_\_ (month) 20 \_\_\_\_\_ (year) in the City/County of \_\_\_\_\_

\_\_\_\_\_ (county), before me, a Commissioner of Oaths/Practising Solicitor/Peace Commissioner, and I verify the identity of the Declarant.

Official Stamp

Signed: \_\_\_\_\_  
(Commissioner for Oaths/Practising Solicitor/Peace Commissioner)

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_