

*State of New Jersey*  
DEPARTMENT OF EDUCATION  
OFFICE OF CERTIFICATION AND INDUCTION  
PO BOX 500  
TRENTON, NJ 08625-0500

**Request For Duplicate Substitute Credentials**

1. Please fill in the following information and provide this document to the County Office of Education that issued your original substitute certificate:

Type of Substitute Certificate (Sub Cert or School Nurse Sub Cert) \_\_\_\_\_

Date of Issuance \_\_\_\_\_

Name on Original Certificate \_\_\_\_\_

Social Security Number \_\_\_\_\_

College Attended \_\_\_\_\_

2. Please have the below statement notarized and return this form along with the application to the County Office of Education. There is no fee for this duplicate request:

I am requesting a duplicate certificate because, after having made a thorough search of my records, I hereby affirm that the original has been lost.

Signature of Applicant \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public Signature \_\_\_\_\_