

DUPLICATE CERTIFICATE REQUEST FORM

8/21

Illinois Board of Examiners
1120 East Diehl Road, Suite 107
Naperville, IL 60563

PHONE: (815) 753-8900 FAX (815) 753-8953 EMAIL help@ilboe.org

Your name should match the one on your original certificate. If your name has changed, we must have documentation such as a marriage certificate, divorce decree, court order, etc. Please attach the appropriate proof to this form. The address you list below will be the address to which your certificate is mailed.

NAME (printed): _____
Last First Middle

ADDRESS: _____
Street number and name Apt. #

City State/Province/Country Zip/Postal Code

EMAIL: _____ PHONE: _____

BIRTHDATE (MM/DD/YYYY): _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: XXX-XX-_____

YEAR CERTIFIED: _____ CERTIFICATE NUMBER (if known) _____

ALTERNATE MAILING ADDRESS (if you do not want certificate sent to address above)

Street number and name Apt. #

City State/Province/Country Zip/Postal Code

Enclose a check or money order for \$30 in U.S. funds drawn on a U.S. Bank payable to Illinois Board of Examiners. We do not accept cash. Please allow 4-6 weeks for the printing and delivery of your certificate.

Under penalty of perjury, I certify to the truth and accuracy of all statements, answers and representations made in the foregoing and in all supplementary statements and application materials.

Signature Date

For Office Use Only	
Request received: _____ Date	Request filled: _____ Date
Request processed by: _____	