**Duplicate Parchment Request form**

Complete this form and return it to the Examination Secretary, Institute of Technology, Sligo along with the completed Statutory Declaration Form (Signed by a Commissioner for Oaths/Practising Solicitor) using one of the aforementioned payment methods to Institute of Technology, Sligo in the amount of €65.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Address at time of Conferring: |  |
| Programme studied: |  |
| Date of Conferring: |  |
| Date of Birth: |  |
| Contact Phone number: |  |

**STATUTORY DECLARATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged 18 years and upwards, do SOLEMNLY AND SINCERELY DECLARE as follows:

1. I confirm that I was conferred on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_ 20\_\_\_ by the Institute of Technology, Sligo and that I was the recipient of a parchment(s) and/or European Diploma Supplement(s) for: *(tick the appropriate box)*

|  |  |
| --- | --- |
| National/Higher Certificate (Level 6 |  |
| Ordinary Degree (Level 7) |  |
| Honours Bachelor Degree (Level 8) |  |
| Masters Degree (Level 9) |  |
| Doctor of Philosophy degree (level 10) |  |
| Other specify |  |

in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I confirm that the above mentioned parchment(s) and/or European Diploma Supplement(s), of which I was the recipient, has/have been lost and despite careful and exhaustive searches cannot be found. I therefore believe it/them to have been irretrievably lost or destroyed.

3. I hereby request that a duplicate parchment(s) and/or European Diploma Supplement(s) be issued to me by the Institute of Technology, Sligo.

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

Form of jurat for a Commissioner for Oaths/Practicing Solicitor where the declarant(s) is/are personally known or where the declarant(s) is/are identified by someone personally known::

Declared before me [NAME], commissioner for Oaths / practicing solicitor, by

[NAME(S) *of declarant(s)*], who is/are personally known to me, or who is/are identified to me by [NAME *of Identifier*] who is personally known to me,

at.................................................in the City/County of…………………. this.....day of...............................20….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner / Practicing Solicitor

Form of jurat for a Commissioner for Oaths/Practicing Solicitor where the declarant is identified by a "relevant document"

Declared before me [NAME], a practising solicitor,by

[NAME *of declarant],* whose identity has been established to me before the taking of this Declaration by the production to me of

[passport no. [*passport number*] issued on [*date of issue*] by the

authorities of [*issuing state*], which is an authority recognised by

the Irish Government]

or

[national identity card no*.* [*identity card number*] issued on [*date*

*of issue*] by the authorities of [*issuing state*] [which is an EU

Member State, the Swiss Confederation or a Contracting Party

to the EEA Agreement]

or

[aliens passport no. (document equivalent to a passport) [passport

*number*] issued on [*date of issue*] by the authorities of [*issuing*

*state*] which is an authority recognised by the Irish

Government]

or

[refugee travel document no. [*document number*] issued on [*date*

*of issue*] by the Minister for Justice, Equality and Law Reform]

or

[travel document (other than refugee travel document) no. [*document*

*number*] issued on [*date of issue*] by the Minister for Justice,

Equality and Law Reform]

at.................................................in the City/County of…………………. this.....day of...............................20….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Commissioner for Oaths/Practising Solicitor

Commissioner for Oaths

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

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAMP:

End