



KidSource Child Care Resource and Referral

Request for Duplicate Copies of Training Certificates

Training Participant Name:

Mailing Address:

Training event title(s):

Date of event(s):

Total number of duplicate certificates requested:

Price per each duplicate certificate:

\$3.00

Total Amount Due:

Mail request with a check or money order made payable to:

**Stokes Partnership for Children
PO Box 2319
King, NC 27021**

Please allow 10 business days for receipt of certificates

For Office Use Only:

Date Received: _____ Check/MO Number: _____ Receipt Number: _____