Application for Duplicate GED Statement

INSTRUCTIONS:	PLEASE PRINT	IN INK ANI	L SECTIONS.

- 1. Please complete all parts of this application form.
- 2. Your Social Insurance Number is essential; please be sure it is shown correctly.
- 3. GED Testing Office should be notified immediately of any change of address.
- GED Testing Office should be no
 Give name in full.

5. A fee of \$25.44 must be submitted with the application form. This fee is NOT refundable. Cheque and money orders are to be made payable to the Minister of Finance. Post-dated cheques are not accepted.

SOCIAL INSURANCE NO			YEAR GED WAS WRITTEN
MR MRS SURNAME MISS MS		GIVEN NAME(S)	
MAILING ADDRESS			For Office Use Only (Do not write in this box)
CITY OR TOWN AND PROVINCE POSTAL CODE HOME PHON DATE OF BIRTH Month Day Year SIGNATURE	E	BUSINESS PHONE -	DATE RECEIVED FEES ENCLOSED Cash Credit Card C Cheque Debit Card C Money Order C CC Auth No
TEST INFORMATION (For Office Use Only)		Additional Information	
FORM DATE LANGUAGE ARTS, READING test 1	MARK		
		SIGNATURE	
		Cardholder NAME (plea	
PLEASE COMPLETE AND SEND IN THIS FORM TO: Adult Learning and Literacy—GED TESTING OFFICE Room 362, 340-9Th Street, Brandon, MB R7A 6C2	Note:	MAKE CHEQUES PAYAE PostDATED CHEQUES Fees are subject to cha	