



**MEMORIAL  
UNIVERSITY**

**OFFICE OF THE REGISTRAR**

## Lost Parchment Declaration

Submit this form if you selected **Option C** on the [Replacement Parchment Request](#) stating that your original parchment has been lost, stolen or destroyed.

Only an original completed copy, bearing your signature and the seal and signature of a Notary Public or Commissioner for Oaths, will be accepted.

Digital copies, sent to [graduation@mun.ca](mailto:graduation@mun.ca), will be accepted if emailed from either your @mun.ca email or another email address that we already have on file for you. Keep the original copy for your records until you have received your replacement parchment as we may ask to see the original for verification purposes.

Original copies can be dropped off to A 2003 or mailed to: Registrar's Office, Memorial University, 230 Elizabeth Avenue, St. John's NL A1C 5S7

Inquiries can be directed to [graduation@mun.ca](mailto:graduation@mun.ca) or 709 864 4435.

### Declaration

Realizing that my original parchment is a legal document, I understand that under normal protocol I may not receive a replacement until I have provided the Registrar's Office with an original copy for destruction. This declaration confirms why my original parchment is not being returned with my Replacement Parchment Request form.

I, \_\_\_\_\_ hereby declare that my original parchment has been lost, stolen, or destroyed and is no  
PRINT FULL NAME

and is no longer in my possession. Below is a brief explanation of how the parchment was lost or destroyed:

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Graduate's Signature

Date (Month/Day/Year)

### Student Information

MUN Student ID Number

Date of Birth (if student ID number unknown)

Telephone

@mun.ca email

**Personal Information and Protection of Privacy:** The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7) and is needed to process your request and determine your eligibility for replacement of your official Memorial University degree, diploma, or certificate parchment. Direct any questions regarding the use of information collected on this form to the Registrar's Office at [graduation@mun.ca](mailto:graduation@mun.ca).

### Notary Public or Commissioner for Oaths

Complete the information below and affix seal/stamp

Name (Print Clearly)

Street Address

City, Province/State, Postal/Zip Code, Country

Signature

Date (Month/Day/Year)