Statutory Declaration

This Statutory Declaration is to be submitted as evidence for a Request for replacement of degree or diploma certificate (AS-39a) form. Please submit the AS-39a form before completing the Statutory Declaration and note the Reference Number: ___________________________.

Please complete the following declaration in the presence of a Justice of the Peace, Solicitor, Notary Public, NZ Consular Official or Officer authorised to take and receive Statutory Declarations.

I, ____________________________ (Name) Of ____________________________ (Address) ____________________________ (Occupation)

Request a replacement certificate for –

Qualification: ____________________________

Date qualification conferred or awarded: ____________________________

Hereby solemnly and sincerely declare – (tick all that apply)

☐ the original certificate has been lost and should it be found, I undertake to return it to the University of Auckland.

☐ the original certificate has been damaged and I enclose the remains.

☐ the original certificate has been destroyed.

☐ I am now legally known by a name that is different from the name on my original certificate, and request for a replacement certificate to be issued under my new name.

Name to appear on replacement: ____________________________

Note: You must attach a certified copy of evidence to show both your former name in which the certificate was issued, and the name you wish the replacement certificate to be issued in.

Eg. Birth certificate, name change certificate, marriage certificate.

I indemnify the University against all liability it may incur as a result of improper use being made of the former Degree/Diploma Certificate including (without limitation) all legal costs incurred in any proceedings involving the University as a result of such improper use.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared on: _____ / _____ / ______ (dd/mm/yyyy)

Signature of Declarant: ____________________________

Witnessed by:

__________________________________________ (name)

One of the following:

• Justice of the Peace
• Solicitor
• Notary Public
• NZ Consular Official
• or Officer authorised to take and receive Statutory Declarations.

Affix seal or stamp here

If no seal or stamp, please attach business card

Return the original of this form along with a printed copy of your receipt email. We will not accept forms sent by email.