



**ST. CATHARINE COLLEGE**  
**Application For Replacement Diploma**

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Print your name as you want it to appear on your diploma:

\_\_\_\_\_

Type of Degree or Certificate: \_\_\_\_\_

Date degree was awarded: \_\_\_\_\_

Signature: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Mail completed form with payment of \$5.00 to:

**Registrar's Office**  
**St. Catharine College**  
**2735 Bardstown Road**  
**Bertrand Hall-Room 6**  
**St. Catharine KY 40061**

*Please make checks payable to St. Catharine College*

If paying by credit card, please complete the information below:

VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Card Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Expiration Date