



Office Use Only

## Duplicate or Replacement Certificate

Horse \_\_\_\_\_

Reg. #. \_\_\_\_\_

Received \_\_\_\_\_

Please fill in to the best of your ability for verification

Horse name on Certificate: \_\_\_\_\_

Registration #: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

N.Q.H.R. Member # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

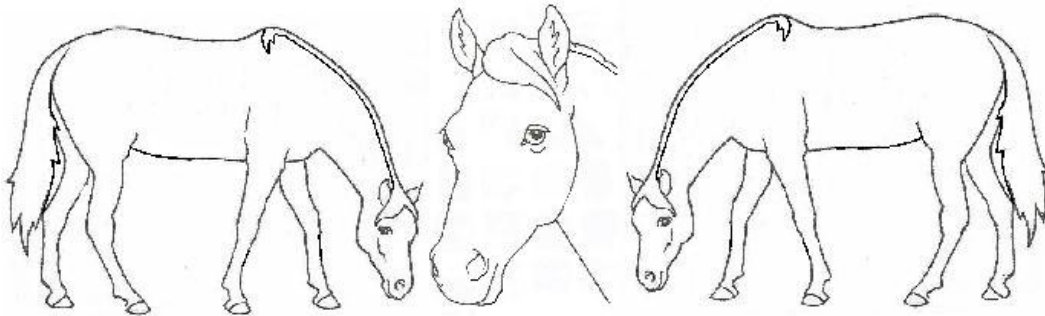
State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

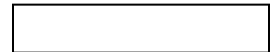
Phone: \_\_\_\_\_

Please shade in, and identify placement of all white markings, brands, and scars.



Draw Brand here

If no brands print "N no Brands" in box



Draw Lip/Ear Tattoo here

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

Date: \_\_\_\_\_

Please Submit to  
National Quarter Horse Registry  
P.O. Box 716  
New Harmony, Ut. 84757-0716

[www.nqhr.org](http://www.nqhr.org)