



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: \_\_\_\_\_

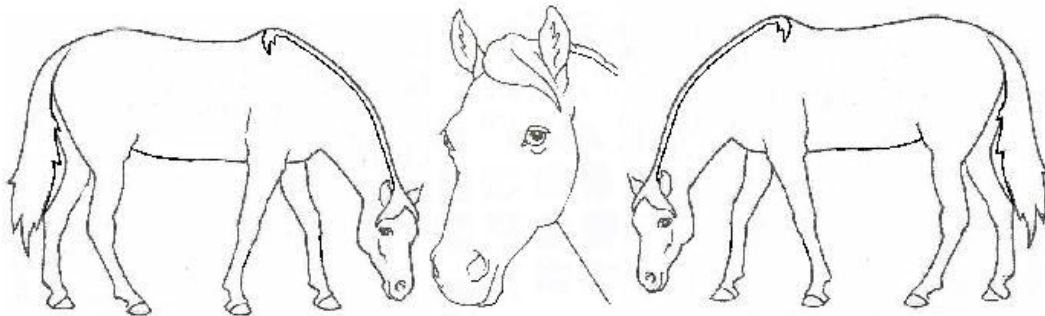
State: \_\_\_\_\_

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

Address listed at:  
www.nqhr.org