



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: _____

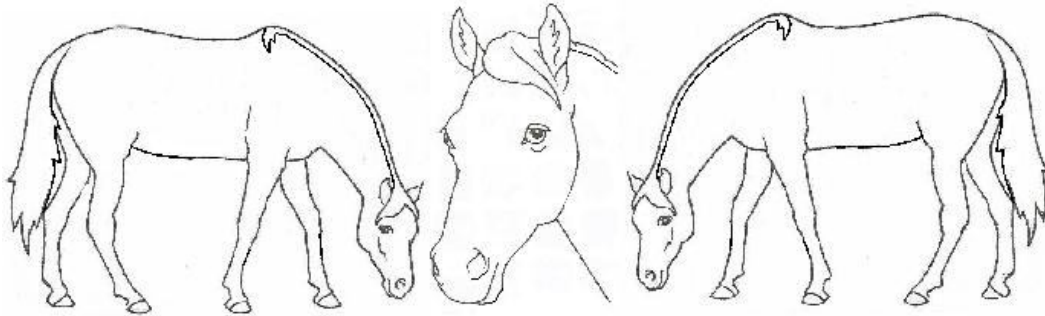
State: _____

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