



AFFIDAVIT

(For Lost/Destroyed Certificate Replacement)

**Four (4) photos of the horse (front, back, and both sides) must be submitted with the affidavit and proper fee.
Fee for Duplicate Certificate: \$25.00**

Certificate will be mailed unless registry hold certificate is checked: Registry Hold Certificate *(Certificate will be retained in the records of the Registry and matched with a future transaction)*

_____ residing at
(Affiant's Name)

_____ makes affidavit that:
(Current Address)

I am or was the owner of the horse:
(Check one)

Name of the Horse _____ Registration # _____

(Check A or B)

- A. Affiant states that he/she had the original certificate in his/her possession and that it has been lost.
- B. Affiant does not have the original certificate in his/her possession and has no knowledge of its whereabouts.

Affiant states that he/she now makes application to the Registry of the ASHBA for a duplicate certificate and agrees to indemnify the said ASHBA against any damage, loss, or liability that it may incur by and on account of issuing to said **(Affiant's Name)** _____ a duplicate certificate as above applied for, and further binds himself/herself should original certificate in lieu of which said certificate issued be found or come into his possession to deliver to the Registry of the ASHBA. Only the Current RECORDED OWNER may complete an affidavit for duplicate certificate form UNLESS a transfer report has been submitted to the Registry of the ASHBA. Upon the receipt of a completed Transfer Report, the BUYER may complete the affidavit for duplicate certificate form if the Original Certificate of Registration cannot be submitted.

Affiant's Signature(s): _____ **Date:** _____

Print Name: _____

A current American Saddlebred Horse and Breeders Association (ASHBA) competing member may transact business with the Registry of the ASHBA. A non-member of the ASHBA may transact business with the Registry of the ASHBA upon payment of a \$50 non-member transaction.

Fee for Duplicate Certificate: \$25.00

Method of Payment:	
<small>* 3% Processing fee will be added to all ASHBA credit/debit card transactions.</small>	
<input type="checkbox"/> Check (payable to ASHBA) OR Visa, MasterCard, Discover, AMEX	Total Due: \$ _____
Credit/Debit Card #: _____	Exp. Date: _____ / _____ (month/year)
Cardholder's Name: _____	

Return completed form by email to registry@saddlebred.com, fax to 859-259-1628 or mail to:
ASHBA, 4083 Wing Commander Way, Suite 50, Lexington, KY 40511