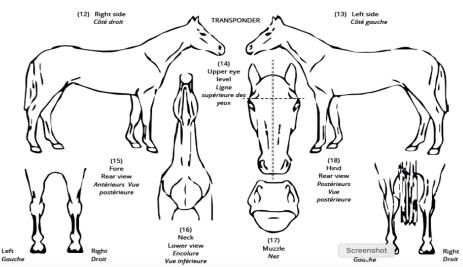
	BRITISH MORGAN HORSE SOCIETY							
	N Isit				BMHS REGISTRAR Monnington Court, Mnnington-on-Wye Hereford HR47NL Tel 01981 500488 e-mail <u>registry@morganhorse.org.uk</u> lication for Duplicate Registration Certificate			
1.	Horse's name:	orse's name:2. Registration number:						
3.	Colour (select one		Characteristics (select all that apply - many will NOT have any of these)					
	□ Bay	$\Box$ Chestnut	□ Smoky I	3lack	🗆 Dun	🗆 Gray	🗆 Sabino	
	🗆 Black	□ Cremello	🗆 Smoky Creme		🗆 Flaxen	🗆 Pinto	□ Silver Dapple	
	🗆 Brown	🗆 Palomino			□ Frame overo	🗆 Roan	$\Box$ Splash White	
	🗆 Buckskin	🗆 Perlino			1			
4.	Sex:	□ Stallion	□ Mare	□ Gelding	Date Gelded (if not recorded	)		
5.	Describe IN DETAIL the loss, destruction, or other reason for the unavailability of the original registration certificate:							



6. On the diagram below, carefully and accurately outline with dark, solid lines, all the white markings of the horse, and draw all scars, brands, and other identifying marks so they can be traced onto the registration certificate

The British Morgan Horse Society (BMHS) exists to preserve, promote, and perpetuate the Morgan horse, 'The British Morgan Horse Society recommends and expects that all persons conduct themselves in an honest, forthright, ethical, and sportsmanlike manner in their relationships with each other at any time they are involved in Morgan horse-related matters." In making this application I hereby subject myself to all the provisions of the Constitution, By-Laws, Rules and Regulations of the British Morgan Horse Association as they now exist or may from time to time be amended, knowledge of which I have now or will immediately acquire I agree to be bound by the Rules and Regulations of the Registry and BMHS's Rules.

7. I hereby attest to the information contained on this form as true and accurate and with submission of this form and as owner of this horse request a duplicate certificate be issued and doing so subject myself to all provisions of the Constitution									
Signatures of Owner(s) ALL OWNERS MUST SIGN									
Х	X								
Address:									
(Street)	(City)	(County)	(Postcode)						
□ Select here if new address									
Telephone Number:			Solicitor						
Sworn before me this	Day of	20	-						