American Morgan Horse Association, Inc.
4037 Iron Works Parkway, Suite 130, Lexington, KY 40511-8508
(802) 985-4944 • Fax: (859) 287-3555
Registry@morganhorse.com
www.morganhorse.com

APPLICATION FOR DUPLICATE CERTIFICATE

PLEASE READ REVERSE SIDE FOR INSTRUCTIONS AND FEES.

1. Horse's Name: _____ 2. Registration Number: _____

3. Color:

COLOR (check one)

☐ Bay ☐ Black ☐ Brown ☐ Buckskin ☐ Chestnut ☐ Cremello ☐ Palomino ☐ Perlino ☐ Smoky Black ☐ Smoky Creme

CHARACTERISTICS
(check all that apply—many will NOT have any of these)

☐ Dun ☐ Flaxen ☐ Frame overo ☐ Gray ☐ Pinto ☐ Roan ☐ Sabino ☐ Silver Dapple ☐ Splash White

4. Sex: ☐ Stallion ☐ Mare ☐ Gelding Date Gelded (if not recorded): _____

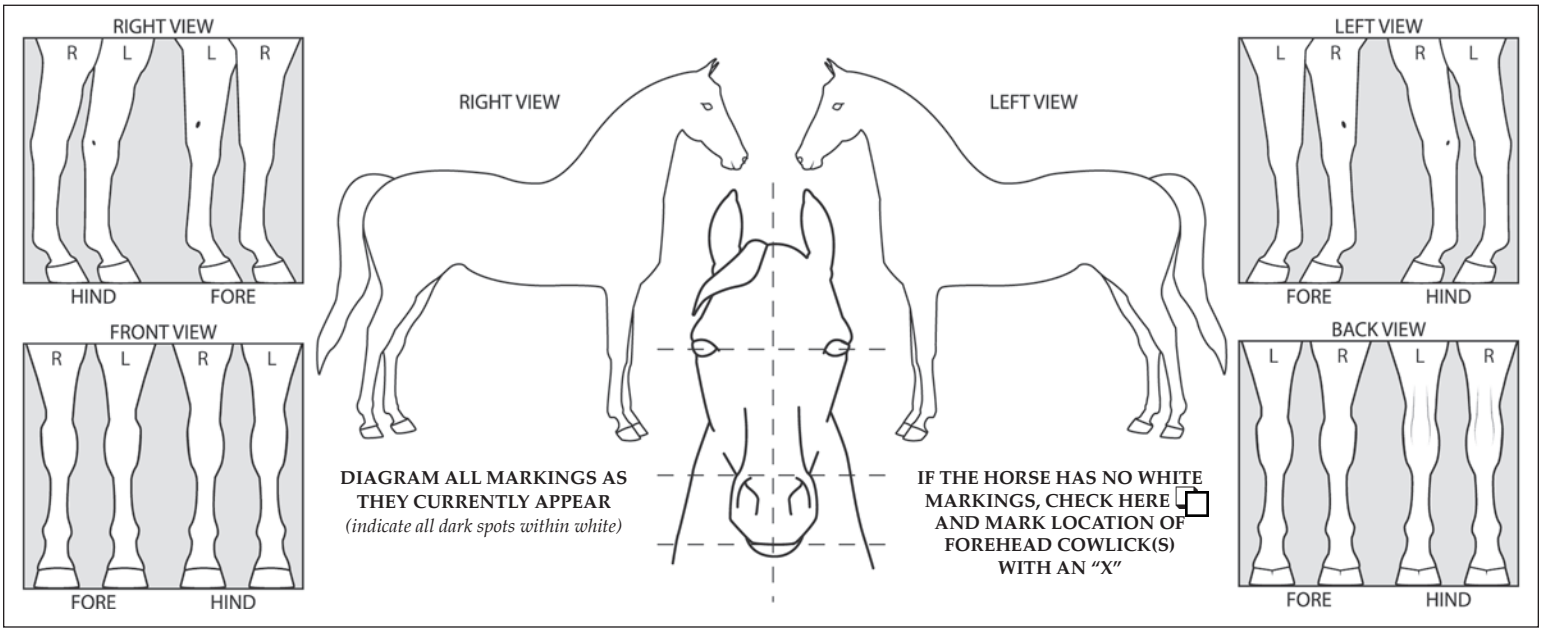
5. Describe IN DETAIL the loss, destruction, or other reason for the unavailability of the original registration certificate:

_____

_____

_____

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 American Morgan Horse Association (AMHA) exists to preserve, promote, and perpetuate the Morgan horse. "The American Morgan Horse Association recommends and expects that all persons will 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, Rule and Regulations of the American Morgan Horse Association, Inc., as they now exist or may from time to time be amended, knowledge of which I now have or will immediately acquire. I agree to be bound by the Rules and Regulations of the Registry and AMHA's Rules for Hearings and Appeals which are available from the Registry or at www.morganhorse.com

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, By-laws and Rules and Regulations of the American Morgan Horse Association, Inc.

Signature of Owner(s) <u>ALL OWNERS MUST SIGN</u>:

X_____ X_____

Mailing Address: _____
(Street) (City) (State) (Zip+Four)

☐ Check here if new address

AMHA Member Number: _____ AMHA Owner Number: _____

Telephone Number: _____

8. Sworn before me this _____ day of _____ 20_____

Notary Public

Commission Expires

(OVER PLEASE)

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Horse's Registered Name: _____

Registration Number: _____

APPLICATION FOR DUPLICATE CERTIFICATE

A duplicate registration may be issued provided this form is correctly completed and submitted by the owner(s).

INSTRUCTIONS

- Print in ink or type only.
- **Send four (4) clear, color photographs of the horse (front, rear, right, left), individually labeled with the horse's name, registration number and date the photographs were taken.**

☐ Check here if you want Registry staff to contact you about submitting electronic photographs.

Email Address: _____

- **THIS FORM REQUIRES NOTARIZATION**

For complete information concerning Rules and Regulations refer to the American Morgan Horse Association® Rules and Regulations booklet which is available upon request, free of charge, by writing the American Morgan Horse Association.

PLEASE DO NOT WRITE IN THIS SPACE

FEES

	MEMBERS*	NON-MEMBERS
Duplicate Certificate	$45.00	$140.00

ADDITIONAL SERVICES

Rush Fee (Priority Service)	$100.00	$100.00

Registration certificates will be mailed back by priority service the next business day, provided paperwork is completed correctly. To receive the registration certificate via an overnight carrier, please provide your shipper number here _____ or check this box ☐ to authorize the shipping charge to your credit card.

FEES

FEES *MUST* ACCOMPANY ALL APPLICATIONS.

Please bill my✦: ☐ VISA ☐ Mastercard ☐ Discover ☐ American Express ☐ Credit Card on File ☐ Check/Money Order Enclosed

Card Number: _____

Expiration Date: _____ CVV: _____ Amount: $ _____

Authorized Signature: _____

✦*Effective Jan 1, 2025, a 3% processing fee will be added to all AMHA credit/debit card transactions. No processing fee is required for payments made by cash, check, or ACH.*

If this transaction is not completed within 120 days, the work will be returned and a cancellation fee will be assessed. Current eligibility and Registry fees will apply upon resubmission.

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