



AFFIDAVIT

(For Lost/Destroyed Certificate Replacement)

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

Personally appearing this _____ day of _____, 20_____.
_____ residing at _____
(Affiant's Name)
_____ makes affidavit that:
(Current Address)

He / She (Circle One) is / was (Circle One) the owner of the horse:
Name of the Horse _____ Registration # _____
(Circle 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 American Saddlebred Registry for a duplicate certificate and agrees to indemnify the said American Registry 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 American Saddlebred Registry.

Only the Current RECORDED OWNER may complete an affidavit for duplicate certificate form UNLESS a transfer report has been submitted to the Registry. 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)) (Print Name)

NOTARY PUBLIC (Required)
 State of _____ County of _____
 Subscribed and sworn to before me by _____
 this _____ day of _____, 20_____.
 _____ SEAL:
 (Notary Public)
 My Commission Expires: _____

Four photos of horse (front, back, and both sides) must be submitted with the affidavit and proper fee.
Fee for Duplicate Certificate: \$50.00 (Effective October 1, 2007)

Method of Payment:			
<i>* 3% Processing fee will be added to all ASR credit card transactions.</i>			
_____ CHECK (make payable to ASR)	_____ VISA	_____ MASTERCARD	Total: \$ _____
Credit Card #: _____	CCV Code: _____	Expiration Date _____/_____/_____	
Signature: _____	Print Name: _____		

American Saddlebred Registry
4083 Iron Works Parkway
Lexington, KY 40511