

# AFFIDAVIT OF CHANGE STATEMENT

MFTHBA  
P. O. Box 1027  
Ava, MO 65608  
(417) 683-2468

**\*\*Any change of the pedigree records for any horse recorded at MFTHBA must be accompanied by this affidavit.  
PLEASE PRINT OR TYPE INFORMATION**

For Office Use Only

## DUPLICATE CERTIFICATE OF REGISTRATION

**Non-Member Fee: \$65.00      MEMBER FEE: \$25.00**

I/We, \_\_\_\_\_, do hereby request a Duplicate Certificate of

Registration for: \_\_\_\_\_ Reg.#: \_\_\_\_\_.

Reason for request of Duplicate Certificate: \_\_\_\_\_

**Duplicate Certificate may only be issued if original is lost or destroyed.** Upon issuance of a Duplicate Certificate of Registration, the original is null and void. The original Certificate of Registration must be returned to the MFTHBA office if found subsequent to the issuance of the Duplicate Certificate.

If originally registered as a stallion, has horse been gelded?    ☐ Yes    ☐ No

Photo requirements for a duplicate issued on a spotted horse. 1 left and 1 right side photo.  
Must show complete horse, head, body, and legs. These will be placed on the Certificate of Registration.

 Signature Box **MUST** be completed before request can be processed.

### SIGNATURE BOX - PRESENT OWNER OF RECORD OF HORSE

(This box must be completed before above change request can be processed.)

I/We hereby certify that the above information is true and correct to the best of my/our knowledge and that I/we am (are) the owner(s) of record of the above horse at the time of submitting this statement.

Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Member # \_\_\_\_\_  
Signature

Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Member # \_\_\_\_\_  
Signature

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
to me known to be the person described in and who executed the foregoing instrument. IN TESTIMONY WHEREOF I  
have hereunto set my hand and affixed my official seal, at my office in \_\_\_\_\_,  
the day and year first above written.

\_\_\_\_\_  
NOTARY PUBLIC

NOTARY SEAL