AMERICAN DUTCH HARNESS HORSE ASSOCIATION
455 E. Farver Street, Shipshewana, IN 46565
Phone: (260) 350-0988 • Fax: (260) 572-2462 • Email: office@adhha.org

OFFICE USE ONLY

Check #	
Amount	
Outstanding	
Date Rec.	

LOST/DESTROYED CERTIFICATE REPLACEMENT AFFIDAVIT

OWNER DETAILS

☐ **Mare** ☐ **Stallion** ☐ **Gelding** **ADHHA Reg. #** ☐☐ – ☐☐☐☐☐

Horse Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Owner's Name *(Please Print)* ____________________

Address ____________________ **ADHHA #** ☐☐☐☐☐☐

Phone # ☐☐☐ – ☐☐☐ – ☐☐☐☐ Email ____________________

AFFIDAVIT DETAILS

☐ **AFFIANT states that the original certificate was lost.** ☐ **AFFIANT states that the original certificate was destroyed.**

AFFIANT states that he/she now makes application to the American Dutch Harness Horse Association (hereinafter known as "ADHHA") for a replacement certificate and agrees to indemnify ADHHA against any damage, loss, or liability that may occur by and on account of issuing the AFFIANT listed above a duplicate certificate as above applied for, and further binds himself/herself to return the original certificate to ADHHA should it be found or otherwise come into his/her possession.

Only the current recorded owner may complete this affidavit for a replacement certificate unless it is accompanied by a valid transfer of ownership form and payment.

This section to be completed in front of a public notary

AFFIANT Name *(Please Print)* ____________________

AFFIANT Signature ____________________

This section to be completed by the public notary

State of ____________________ County of ____________________

I, ____________________, a Notary Public do hereby certify

that the AFFIANT listed above appeared before me to sign and affirm the above statements on this

_____ day of ____________________, 20____.

My Commission Expires ____________________ **Notary Signature** ____________________

PAYMENT DETAILS

	MEMBER FEE	**NON-MEMBER FEE**
Replacement Certificate	☐ $50	☐ $100

NO APPLICATION WILL BE PROCESSED UNTIL ALL FEES ARE PAID.

PAYMENT INFORMATION 4% added for credit/debit

☐ Check # __________ ☐ Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date ☐☐ / ☐☐ CCV# ☐☐☐☐ Zip Code ☐☐☐☐☐ **TOTAL FEES** $ __________

Name on Card ____________________ **Signature** ____________________

You must be the current owner listed in the registry OR a valid transfer into your name & payment for the transfer must accompany this form.