



DEATH NOTICE

HORSE DETAILS

Name of Horse: _____ Reg no: _____

Date of Death: ____ / ____ / ____

OWNER DETAILS

Name: _____ Membership Number: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please return this form to the office with the original copy of registration papers.

Tick this box if you wish to have a copy of your old registration certificate returned to you.

OFFICE USE ONLY

Received: _____ Registration Checked: _____