



CENTRAL REGISTRY SERVICES

NOTICE OF CHANGE - DEATH

This form helps to keep the Census information accurate by recording the death of a horse and subsequently moving it to an inactive status in the breed's gene pool.

Horse's Name: _____	
BREED: _____	CRS Registration #: _____
Color: _____	Gender: Stallion / Mare / Gelding
Sire's Name: _____	
Dam's Name: _____	

Printed Name of Recorded Owner(s): _____
Please print as it appears on the horse's Certificate of Registration)

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Country: _____

E-mail Address: _____

I CERTIFY the above horse passed away on _____

Cause of death, if known: _____

Signature of Owner: X _____

Central Registry Services
CentralRegistryServices@yahoo.com

775 Flippin Road
(336) 352- 5520

Lowgap, NC 20724
www.EndangeredEquines.com