



WESTFALEN
NORTH AMERICA

Name Change Form

Horse's Original Name: _____

Horse's New Name: _____

Reg. # _____

Owner: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Please enclose Original Passport/Registration Papers along with the inserted Certificate of Ownership, this form, and a check in the amount of \$60.00 made out to Westfalen NA, and mail to:

Westfalen Verband NA
P.O. Box 429
Murdo, SD 57559
605 • 669 • 2200 fax: 605 • 734 • 8060
email: info@westfalenverband.com
website: www.westfalenverband.com

If you are also changing ownership, please include a copy of the bill of sale and a \$60 Change Ownership Fee with this form