



*Notice Of Death
For
When a Registered or Recorded Sheep Expires*

I hereby notify the United Horned Hair Sheep Association, Inc. and the appropriate division that the following sheep is now deceased.

Breeder Flock Prefix		Registration/Recordation Number		Sheep Name	
Tag/Tattoo/Microchip Number –Provide ONLY if was on Sheep.	<input type="checkbox"/> Tag	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Microchip	Location on Sheep	<input type="checkbox"/> Left Ear <input type="checkbox"/> Right Ear <input type="checkbox"/> Tail <input type="checkbox"/> Other: _____
Date of Death		Reason for Death (Optional)			
Mail this form and the original Certificate to: (The certificate will be marked and will be returned to you. PLEASE NOTE the need to mail the certificate – previously certificates were just kept. No Fee.)			UHHSA, PO Box 161, New Lebanon, OH 45345		

I certify that I was the owner at the time of death of this above mentioned sheep.

Owner Name		Farm Name		Flock Prefix	
Complete Address				Email	
Phone		Owner's Signature			Today's Date