



Notification of Death North American Deer Registry™

Deer Owner's *TDA or NADeFA Member number* _____

Ranch Name: _____

Ranch Owner Name: _____

Animal Name _____ NADR # _____

Animal Name _____ NADR # _____

Animal Name _____ NADR # _____

Animal Name _____ NADR # _____

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Animal Name _____ NADR # _____

Animal Name _____ NADR # _____

Animal Name _____ NADR # _____

I hereby certify and declare that this is a true and correct statement, and I desire to have same recorded in the North American Deer Registry. In consideration of which I agree to abide and be bound by the Articles of Incorporation, Bylaws and Rules and Regulations of the Registry and amendments thereto.

Signature of Applicant _____

***Please return this form to:**
North American Deer Registry
1601 Medical Center Drive, Suite 1
Edmond OK 73034

Phone: 405-513-7228 Fax: 405-513-7238 Email: NADR@deerregistry.com