

RECORD OF MIGRATORY BIRDS

Date Received: _____

Date Delivered: _____

Customer's Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone No. () _____ Home Business Cell

LICENSE / PERMIT NO. _____ Year: _____

State / Country of Issuance: _____

Location of Kill: _____

Date of Kill: _____

SPECIES: _____

Male Quantity: _____ Female Quantity: _____

MOUNT INFORMATION & MEASUREMENTS: _____

I certify that the above mentioned Migratory Game Birds were taken legally and according to all Federal and State laws and that I have adhered to all regulations concerning same.

Signature of Hunter: _____

Date: _____

If Bird(s) picked up by person other than hunter enter their name and address below:

Name: _____

Address: _____

City, State, Zip: _____

DATE PICKED UP: _____