

**Trimaris**  
 College of Heralds  
**Society Name** .....

**Device Submission Form**

Legal name .....

Address .....

Branch Name .....

Phone Number ..... Date of Birth .....

E-mail Address ..... Date Submitted .....

Consulting Herald ..... Herald's E-mail/Phone .....

This name is (pick one):

already registered

submitted with this device

previously submitted from the Kingdom of

Action Type

**New**

Resubmission

Kingdom

Laurel

Change, if registered:

release old device

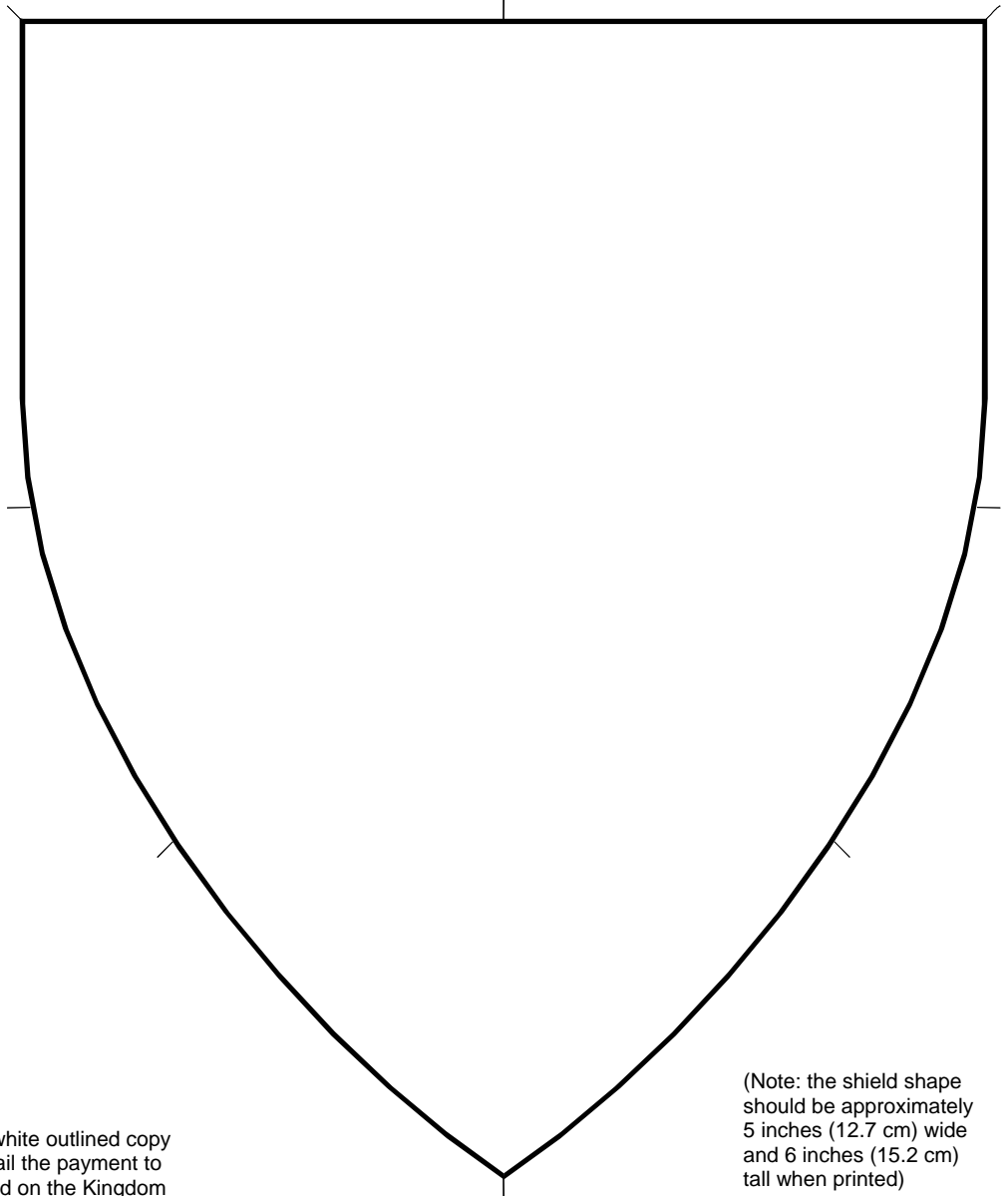
retain as badge

Appeal (attach justification)

Other (specify) \_\_\_\_\_

If using any restricted charges, please give Kingdom and date of eligibility for that charge.

Proposed Blazon (Consult a herald if possible. Use plain English if you don't know how to blazon.)



(Note: the shield shape should be approximately 5 inches (12.7 cm) wide and 6 inches (15.2 cm) tall when printed)

Instructions: send 1 color copy and one black and white outlined copy of this completed form to [lymphad@trimaris.org](mailto:lymphad@trimaris.org). Mail the payment to the Lymphad Herald of Trimaris at the address listed on the Kingdom of Trimaris website. Make checks payable to "SCA Kingdom of Trimaris".

	Amount Received	Date Received	Action Taken	Amount Forwarded	Date Forwarded
Local					
Kingdom					
Laurel					