

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

**Device Submission Form**

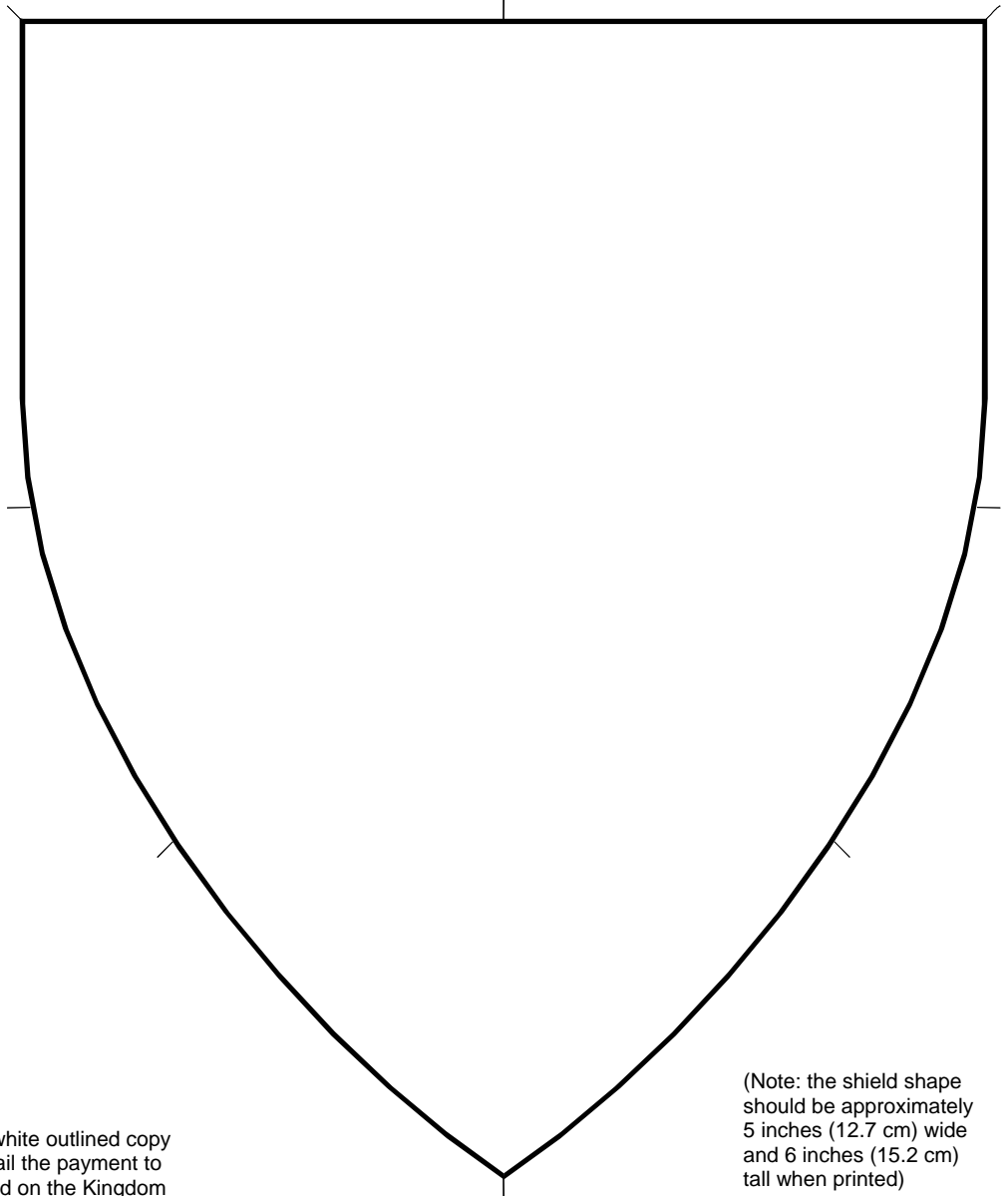
Legal name .....  
 Address .....  
 Branch Name .....  
 Phone Number ..... Date of Birth .....  
 E-mail Address ..... Date Submitted .....  
 Consulting Herald ..... Herald's E-mail/Phone .....

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. 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					