TrimarisCollege of Heralds

Name Submission Form for Individuals

Society Name	
+ Name being submitted (if different from above)	
Legal name	Name Type (pick one) Action Type
Address	Alternate + Resubmission ++ Kingdom
Branch Name Gender of Submitter $\ \square M\ [$	F Change+, if register
Phone Number Date of Birth	release old nam
E-mail Address Date Submitted	
Consulting Herald Herald's E-mail/Phone	
++ Name(s) previously submitted but not registered (if any)	☐ Appeal (attach justification) ☐ Other (specify)
++ Kingdom submitted from:++Date ret	turned:
MINOR changes include: accents, punctuation, hyphenation, addition or deletion I will NOT accept MAJOR changes to my name, even if the name cannot be I will NOT accept MAJOR or MINOR changes to my name, even if the name Note: Leaving both boxes blank indicates that you will accept both major and mino If my name must be changed, I care most about: meaning sound	e registered without such changes. e cannot be registered without such changes. or changes in order to register your name.
(Please specify "meaning", "sound", "spelling" or "language and/or culture" desired)	
The desired gender of my name is:	e female don't care
[OPTIONAL] Please CHANGE my name to be authentic for:	
Please be specific, e.g. '12th-14th century' or 'Irish' or 'Welsh', rather than saying 'e late' or 'Celtic'. Please do not select this option if you do not wish changes to your	
If you are, or will soon be, submitting another item (such as a device, badg	ge, or household name):
If the Laurel Sovereign of Arms finds that your name cannot be registered for any repreviously registered, Laurel may create a "holding name" for you so that your other treated as your registered name until you register an acceptable name. There is	er item can be registered. This holding name will
I will NOT allow the creation of a holding name. I understand that if my name s submission(s) will be returned as well.	submission is returned, then my other
Name Degree partition and Consultation Notes (attack additional shorts of	nd documentation as needed)
Name Documentation and Consultation Notes (attach additional sheets ar	na accumentation as needed.)

Instructions: send 1 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					