

Branch Name

+ Name being submitted
(if different from above).....

Legal Name of Contact Name Type (pick one) Action Type

Address Primary New

..... Order/Award + Resubmission ++

..... Guild / Household + Kingdom

Phone Number Date Submitted..... Other (specify) + Laurel

E-mail Address Change+ (if registered, old name will be released)

Consulting Herald..... Herald's E-mail / Phone Appeal (attach justification)

++ Name(s) previously submitted but not registered (if any) Other (specify)

++ Kingdom submitted from: ++Date returned:

Note: Group Names and Devices must be accompanied by a petition showing the support of the populace. It must identify the name and/or device being submitted. It must be signed by the Seneschal and either three-fourths of the officers or a majority of the populace. Consult with Lymphad Herald of Trimaris or Triskele Herald of Trimaris if you have questions about the procedure.

Name processing criteria. Read these carefully. Laurel may need to make changes in order to register the name.

MAJOR changes include: adding/dropping a name element, changing an element's language, changing the order of elements.

MINOR changes include: accents, punctuation, hyphenation, addition or deletion of a letter, upper-lower case changes, etc..

We will NOT accept MAJOR changes to our name, even if the name cannot be registered without such changes.

We will NOT accept MAJOR or MINOR changes to our name, even if the name cannot be registered without such changes.

Note: Leaving these checkboxes blank indicates that you will accept both major and minor changes in order to register your name.

If our name must be changed, we care most about: meaning sound spelling language and/or culture

(Please specify "meaning", "sound", or "language and/or culture" desired).....

[OPTIONAL] Please **CHANGE** our name to be authentic for:

Please be specific, e.g. '12th-14th century' or 'Irish' or 'Welsh', rather than saying 'early' or 'late' or 'Celtic'. Please do not select this option if you do not wish changes to your name. language and/or culture

..... time period

Name Documentation and Consultation Notes (attach additional sheets and documentation 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 | | | | | |