## **Trimaris** College of Heralds

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## Name Submission Form

for Individuals

Society Name				
+ Name being submitted (if different from above)				
Modern Name			Name Type (pi	ck one) Action Type
Address			Alternate	d + Kingdom
Phone Number			Other (spe	Change+, if registered:
E-mail Address				release old name
Branch Name Da	ate Submitted			Change of
Consulting Herald He	erald's E-mail/Pho	one		Holding Name +
++ Name(s) previously submitted but not registered (if any)				Appeal (attach justification) Other (specify)
++ Kingdom submitted from:		++Date returne	d:	
<ul> <li>Name Processing Preferences. <u>Read these carefully</u></li> <li>You have the right to a Request for Reconsideration See the Herald's Administrative Handbook IV.F for</li> <li>I will NOT accept any changes to my name, even</li> <li>I will accept the following changes to my name</li> <li>Note: Leaving both boxes blank indicates that you w</li> </ul>	tion if you do not like or details. a if the name cannot	e a change mac	de to your name without such cha	anges.
If my name must be changed, I care most about:	meaning		-	Ianguage and/or culture
(Please specify "meaning", "sound", "spelling" or "language			<u> </u>	
The desired gender of my name is:	male	female	neutral	don't care
[OPTIONAL] Please CHANGE my name to be authority	entic for:			
Please be specific, e.g. '12th-14th century' or 'Irish' or 'Iate' or 'Celtic'. Please do not select this option if yo				
If you are, or will soon be, submitting another it	em (such as a de	vice, badge, o	or household n	ame):
If the Laurel Sovereign of Arms finds that your name previously registered, Laurel may create a "holding r be treated as your registered name until you register	name" for you so that	at your other iter	m can be regist	ered. This holding name will
I will <b>NOT</b> allow the creation of a holding name.	I understand that if	my name subm	ission is returne	ed, then my other

submission(s) will be returned as well.

Name Documentation and Consultation Notes (attach additional sheets and documentation as needed.)

Instructions: Please send one copy of this completed form to hulk@trimaris.org. Mail check or money order payments to the Lymphad Herald of Trimaris or the Exchequer of Trimaris using the addresses listed on the Kingdom of Trimaris website. Make these payable to "SCA Kingdom of Trimaris". Please see https://heraldry.sca.org/privacy/ for privacy statement.

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