Caid College of Heralds

Name Submission Form

for Individuals

Society Name				
+ Name being submitted (if different from above)				
Modern Name			Name Type (pic	k one) Action Type
Address			Alternate +	+ Kingdom
Phone Number			Other (spe	Ciry) + Change+, if registered:
E-mail Address			••	release old name retain as alternate
Branch Name Date	e Submitted			Change of
Consulting Herald Her	ald's E-mail/Ph	none		Holding Name +
++ Name(s) previously submitted but not registered (if any)				Appeal (attach justification) Other (specify)
++ Kingdom submitted from:		. ++Date returned	1:	
Name Processing Preferences. Read these carefully.	Laurel may need	I to make change	s in order to reg	ister the name.
You have the right to a Request for Reconsideratio See the Herald's Administrative Handbook IV.F for		ke a change made	e to your name.	
I will NOT accept any changes to my name, even if	the name canno	ot be registered w	ithout such cha	nges.
I will accept the following changes to my name				
Note: Leaving both boxes blank indicates that you will	accept all chang	es necessary in c	order to register	your name.
If my name must be changed, I care most about: (Please specify "meaning", "sound", "spelling" or "language a	meaning nd/or culture" desi			language and/or culture
The desired gender of my name is:	male	female	neutral	don't care
[OPTIONAL] Please CHANGE my name to be authen	tic for:			
Please be specific, e.g. '12th-14th century' or 'Irish' or 'late' or 'Celtic'. Please do not select this option if you				
If you are, or will soon be, submitting another iter	m (such as a d	evice, badge, oi	r household na	ame):
If the Laurel Sovereign of Arms finds that your name c previously registered, Laurel may create a "holding name be treated as your registered name until you register a	me" for you so th	nat your other iten	n can be registe	red. This holding name will
I will NOT allow the creation of a holding name. I u	understand that	if my name submi	ssion is returne	d, then my other

submission(s) will be returned as well.

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

Instructions: Send one copy name, colored armory and line drawing to Dolphin Herald (dolphin@sca-caid.org). Make checks payable to "SCA College of Heralds. \$10 for each submission or \$18 for name and armory submission together. Please see https://heraldry.sca.org/privacy/ for privacy statement.

	Amount Received	Date Received	Action Taken	Amount Forwarded	Date Forwarded
Kingdom					