Meridies

College of Heralds

Name Submission Form

for Individuals

Society Name				
+ Name being submitted (if different from above)				
Modern Name			" Primary	cone) Action Type
Address			🗍 Household +	
Phone Number			Other (spec	Change+, if registered:
E-mail Address			••	release old name
Branch Name Dat	te Submitted			Change of
Consulting Herald Here	rald's E-mail/Ph	one		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	to make change	s in order to regis	ster the name.
You have the right to a Request for Reconsideration See the Herald's Administrative Handbook IV.F for		e a change mad	e to your name.	
I will NOT accept any changes to my name, even i		•		
I will accept the following changes to my name				
Note: Leaving both boxes blank indicates that you will	accept all change	es necessary in c	order to register y	/our name.
If my name must be changed, I care most about: (Please specify "meaning", "sound", "spelling" or "language a	meaning and/or culture" desir		• -	language and/or culture
The desired gender of my name is:	male	female	neutral	don't care
[OPTIONAL] Please CHANGE my name to be auther	ntic 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 ite	m (such as a de	evice, badge, or	household nar	me):
If the Laurel Sovereign of Arms finds that your name of previously registered, Laurel may create a "holding na be treated as your registered name until you register a	ame" for you so th	at your other iten	n can be register	ed. This holding name will
I will NOT allow the creation of a holding name. I		my name submi	ssion is returned	, then my other

submission(s) will be returned as well.

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

Instructions: Email your completed form to cypher@meridies.org. Payment information will be emailed to you. Please see https://heraldry.sca.org/privacy/ for privacy statement.

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