Drachenwald

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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 (pick)	one) Action Type
Address	Alternate +	
Phone Number		Change+, if registered:
E-mail Address	••	 release old name retain as alternate
Branch Name Date Submitted		Change of
Consulting Herald Herald's E-mail/Phone		Holding Name +
++ Name(s) previously submitted but not registered (if any)		Appeal (attach justification)
++ Kingdom submitted from: ++Date returned	d:	
Name Processing Preferences. Read these carefully. Laurel may need to make change	s in order to regis	ter the name.
You have the right to a Request for Reconsideration if you do not like a change mad See the Herald's Administrative Handbook IV.F for details.	e to your name.	
\square I will NOT accept any changes to my name, even if the name cannot be registered w	ithout such chang	jes.
I will accept the following changes to my name		
Note: Leaving both boxes blank indicates that you will accept all changes necessary in o	order to register yo	our name.
If my name must be changed, I care most about:		language and/or culture
(Please specify "meaning", "sound", "spelling" or "language and/or culture" desired)		
The desired gender of my name is:	neutral	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 'early' 'late' or 'Celtic'. Please do not select this option if you do not wish changes to your name		
If you are, or will soon be, submitting another item (such as a device, badge, o	r household nan	ne):
If the Laurel Sovereign of Arms finds that your name cannot be registered for any reaso previously registered, Laurel may create a "holding name" for you so that your other iter be treated as your registered name until you register an acceptable name. There is no f	n can be registere ee for changing a	ed. This holding name will holding name.
I will NOT allow the creation of a holding name. I understand that if my name subm	ission 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: Send the form and any documentation to Edelweiss Herald (edelweiss@drachenwald.sca.org). For payment information see "Submitting names and heraldry in Drachenwald" at drachenwald.sca.org/offices/herald/. I understand and agree that all information submitted on this form will be processed and permanently maintained by the SCA College of Arms, based in the USA. Please see https://heraldry.sca.org/privacy/ for privacy statement.

	Amount Received	Date Received	Action Taken	Amount Forwarded	Date Forwarded
Kingdom					