## **Drachenwald**College of Heralds

## Name Submission Form for Individuals

Society Name				
+ Name being submitted (if different from above)				
Modern Name Address				k one) Action Type ☐ <b>New</b> ☐ Resubmission ++
			Household	cify) + Laurel
Phone Number E-mail Address				Change+, if registered release old name
Branch Name				retain as alternate
Consulting Herald				Change of Holding Name +
++ Name(s) previously submitted but not registered (if any)				☐ Appeal (attach justification) ☐ Other (specify)
++ Kingdom submitted from:		++Date returne	ed:	
Name Processing Preferences. Read these careful You have the right to a Request for Reconsider See the Herald's Administrative Handbook IV.F.  I will NOT accept any changes to my name, ev.  I will accept the following changes to my name Note: Leaving both boxes blank indicates that you	ration if you do not I for details. en if the name cann	ike a change ma	de to your name.	nges.
If my name must be changed, I care most about: (Please specify "meaning", "sound", "spelling" or "langua	meaning	sound	spelling	language and/or culture
The desired gender of my name is:	male	female	neutral	don't care
[OPTIONAL] Please CHANGE my name to be aut Please be specific, e.g. '12th-14th century' or 'Irish 'late' or 'Celtic'. Please do not select this option if	or 'Welsh', rather t	han saying 'early	/' or	
If you are, or will soon be, submitting another If the Laurel Sovereign of Arms finds that your nan previously registered, Laurel may create a "holding be treated as your registered name until you regist	item (such as a c ne cannot be registe g name" for you so t	device, badge, of the service of the	or household na on, and you do no em can be register	ot already have a name red. This holding name will
I will <b>NOT</b> allow the creation of a holding name submission(s) will be returned as well.	e. I understand that	if my name subr	nission is returned	d, then my other
Name Documentation and Consultation Note	s (attach addition	al sheets and c	locumentation a	s 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					