

**Branch Name** .....

+ Name being submitted  
(if different from above).....

Modern Name of Contact.....

Address .....

.....

Phone Number ..... Date Submitted.....

E-mail Address .....

Consulting Herald..... Herald's E-mail / Phone .....

++ Name(s) previously submitted  
but not registered (if any) .....

++ Kingdom submitted from: ..... ++Date returned: .....

Name Type (pick one)

- Primary**
- Order/Award +
- Guild / Household +
- Other (specify) +

Action Type

- New**
- Resubmission ++
- Kingdom
- Laurel
- Change+  
(if registered, old name will be released)
- Appeal (attach justification)
- Other (specify)

Note: Group Names and Devices must be accompanied by a petition showing the support of the populace. It must identify the name and/or device being submitted. It must be signed by the Seneschal and either three-fourths of the officers or a majority of the populace. Consult with Keythong Herald if you have questions about the procedure.

Name Processing Preferences. Read these carefully. Laurel may need to make changes in order to register the name.

You have the right to a Request for Reconsideration if you do not like a change made to your name.  
See the Herald's Administrative Handbook IV.F for details.

We will NOT accept any changes to our name, even if the name cannot be registered without such changes.

We will accept the following changes to our name .....

Note: Leaving these checkboxes blank indicates that you will accept all changes necessary in order to register your name.

If our name must be changed, we care most about:  meaning  sound  spelling  language and/or culture  
(Please specify "meaning", "sound", or "language and/or culture" desired).....

**[OPTIONAL]** Please **CHANGE** our name to be authentic for: .....

Please be specific, e.g. '12th-14th century' or 'Irish' or 'Welsh', rather than saying 'early' or 'late' or 'Celtic'. Please do not select this option if you do not wish changes to your name.

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

Instructions: Send one copy of this form to Keythong Herald. Contact information is in "Northwatch" or at <http://www.northshield.org/>. Make checks payable to: "SCA Inc. Northshield College of Herald's". Please see <https://heraldry.sca.org/privacy/> for privacy statement.

	Amount Received	Date Received	Action Taken	Amount Forwarded	Date Forwarded
Kingdom					