An Tir College of Heralds

Name Submission Form for S.C.A. Branches

Branch Name			
+ Name being submitted (if different from above)			
Modern Name of Contact		Name Type (pi ····· ☐ Primary	New
Address		Guild /	Kingdom
Phone Number	Date Submitted	Househ	old + Laurer Change+
E-mail Address			(if registered, old nam will be released)
Consulting Herald	Herald's E-mail / Phone		Appeal (attach
++ Name(s) previously submitted but not registered (if any)			justification)
++ Kingdom submitted from:	++Date	returned:	
Note: Group Names and Devices must be and/or device being submitted. It must be populace. Consult with your Kingdom Prir	e signed by the Seneschal and either t	hree-fourths of the offic	
Name Processing Preferences. Read thes	<u>se carefully</u> . Laurel may need to make	changes in order to req	gister the name.
You have the right to a Request for Re See the Herald's Administrative Handb	•	nge made to your name	
We will NOT accept any changes to ou		•	· ·
We will accept the following changes to			
Note: Leaving these checkboxes blank inc	dicates that you will accept all change	s necessary in order to	register your name.
If our name must be changed, we care mo	_ , _	ound spelling	language and/or culture
(Please specify "meaning", "sound", or "la	nguage and/or culture" desired)		<u></u>
[OPTIONAL] Please CHANGE our name	to be authentic for:		
Please be specific, e.g. '12th-14th century 'late' or 'Celtic'. Please do not select this o			
Name Documentation and Consultation	on Notes (attach additional sheets	and documentation	as needed.)

Instructions: Please see https://antirheralds.org/registration/#submission for current submission instructions. Please see https://heraldry.sca.org/privacy/for privacy statement.

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