Ansteorra College of Heralds

Name Submission Form for Individuals

Society Name					
+ Name being submitted (if different from above)					
Legal name		 	me Type (pick one]Primary	e) Action Type	
Address			Alternate + Household + Other (specify)	Resubmission ++ Kingdom Laurel	
Branch Name Phone Number			_	Change+, if registered:	
E-mail Address		_		retain as alternate Change of	
Consulting Herald	Herald's E-mail/Phone			Holding Name +	
++ Name(s) previously submitted but not registered (if any)				Appeal (attach justification) Other (specify)	
++ Kingdom submitted from:	++Date r	eturned:			
MINOR changes include: accents, punctuation, I will NOT accept MAJOR changes to my na I will NOT accept MAJOR or MINOR change	ime, even if the name cannot be to my name, even if the name	e registere ne cannot l	ed without such choe registered with	nanges. out such changes.	
Note: Leaving both boxes blank indicates that you				<u> </u>	
If my name must be changed, I care most about: (Please specify "meaning", "sound", "spelling" or "langua	meaning sou age and/or culture" desired)			anguage and/or culture	
The desired gender of my name is:	☐ mal	е	female d	lon't care	
[OPTIONAL] Please CHANGE my name to be au	thentic 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.				language and/or culture time period	
If you are, or will soon be, submitting another	item (such as a device, bac	dge, or ho	ousehold name)	:	
If the Laurel Sovereign of Arms finds that your nar previously registered, Laurel may create a "holding be treated as your registered name until you regis	g name" for you so that your ot	ner item ca	an be registered.	This holding name will	
I will NOT allow the creation of a holding nam submission(s) will be returned as well.	e. I understand that if my name	submissio	on is returned, the	en my other	
Name Documentation and Consultation Note	s (attach additional sheets a	and docui	mentation as ne	eeded.)	

Instructions: send 1 copy of this form and any documentation to Asterisk (name and address in the Black Star). It is recommended that the local/consulting herald and the submitter each retain a copy.

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