

Heraldic Consultation Notes

Date: _____

Legal name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Gender: ☐ F ☐ M Date of birth: ____/____/____ Local group: _____

Local herald: _____ Email: _____

Consulting herald: _____ Email: _____

SCA Name: _____

Submission Status: ☐ New ☐ Other-explain: _____

Culture: _____ Time period: _____

Gender: ☐ F ☐ M ☐ Don't care Desired Meaning: _____

Name Elements:

1st Element: _____ Date: _____ Language: _____

Citation: _____

2nd Element: _____ Date: _____ Language: _____

Citation: _____

3rd Element: _____ Date: _____ Language: _____

Citation: _____

Notes:

Device blazon: _____

Colors (pick 1-2): ☐ Green ☐ Blue ☐ Purple ☐ Red ☐ Black

Metals (pick 1): ☐ Gold (yellow) ☐ Silver (white)

Furs: ☐ acceptable fur(s): _____ ☐ Don't like furs

Ordinaries: _____

Animals: _____

Plants: _____

Weapons/tools: _____

Other Charges: _____

Other/Notes:

