

Submitted Name: _____

Legal Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____

Consulting Herald: _____

Consulting Herald Email or Phone: _____

Check One Box:

New Submission

Resubmission

Appeal

For resubmissions or appeals tell us the name used & date of previous attempt:

Check one box:

- I will accept any changes necessary to fix grammar, spelling, or translation.
- I will consider changes – please contact me.
- I will not accept or consider any changes.

Check applicable boxes, ensuring that you provide the requested information for each box checked:

- I am most concerned about my chosen language/country: _____
- I am most concerned about my chosen time period: _____
- I am most concerned that my name sounds like... _____
- I am most concerned about the spelling of my name.

Please provide documentation for ALL name elements. If documentation is from a website, include the entire URL and the title of the web page. If documentation is from a book, attach scans of the title page of the book and the page on which the name appears. Use the back of this form or additional pages if necessary.