

Heraldry Submission Form

Empire of Chivalry and Steel, Inc. Ô



Persona Name: _____ Membership Number: _____

Legal Name: _____ Territory: _____

Address: _____

E-Mail Address: _____ Phone Number: _____

This submission is for a: Personal Device Estate Device Estate Name: _____

Office Device Office Name: _____

Action Type (pick one):

New Change: if registered - Resubmission Appeal (attach justification) Other: _____

Release old device

Please provide a color or black and white line representation of your submission in the space provided to the right

® ® ®

Please submit:

(2) Color Copies &

(2) Black and White Line

Drawings of this

completed form to your

Territorial Sovereign of

Arms for approval and

submission to the

Laurel Sovereign of

Arms

Please fill out form

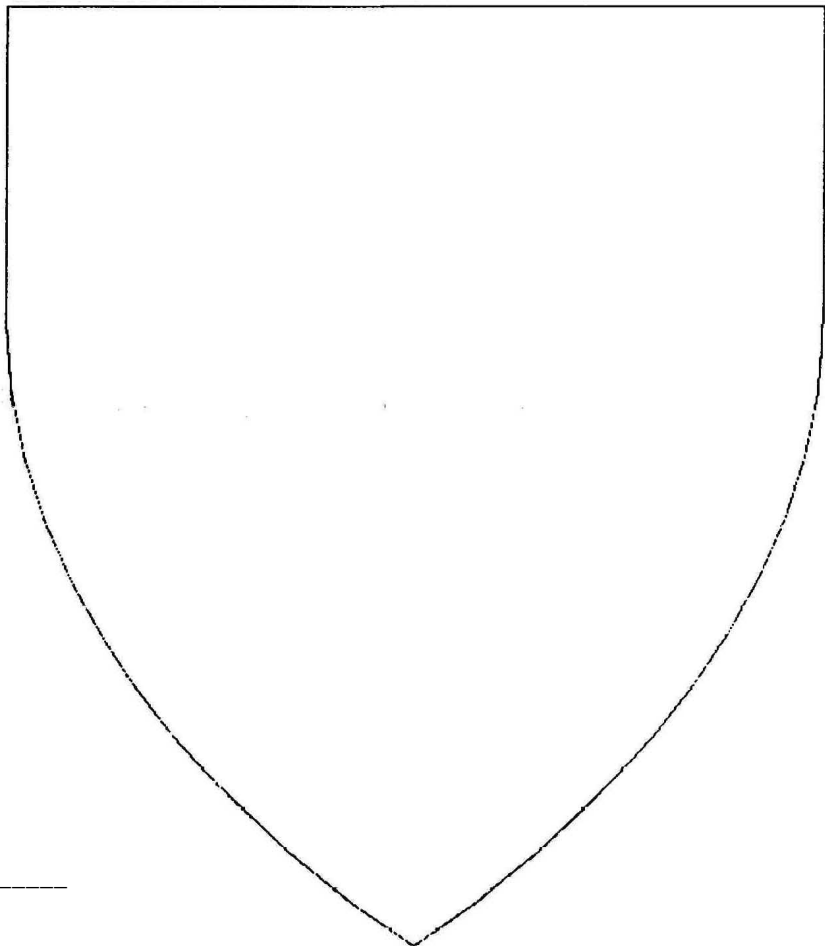
clearly & completely!

Contact info not

required by highly

recommended in case of

conflict or questions!!



Blazon:

For Official Use Only:

Territorial Approval: Initials. _____ Date: _____

Imperial Approval: Initials. _____ Date: _____

Entered in Rolls: Date: _____