Heraldry Submission Form
Empire of Chivalry and Steel, Inc.™

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: __________