

Empire of Adria ~ Letter of Permission to Conflict

(All fields are required)

Proposal

Registrant: (Persona or Estate name) _____

Real Name of registrant: _____

Registrant Signature: _____

Today's Date: ____/____/____

Proposed Blazon

Conflicts with

Registered Blazon

Registered Owner: (Persona or Estate) _____

Real Name of registered owner: _____

Permission to Conflict is granted by:

Owner Signature: _____

Today's Date: ____/____/____

Local Minister of Arms: _____

Today's Date: ____/____/____

Subdivision: _____

Regional Minister of Arms: _____

Today's Date: ____/____/____

Region: _____

Imperial Sovereign of Arms: _____

Today's Date: ____/____/____