



Application to Research Parish History

DATE OF APPLICATION			
LOCALITY OF PARISH			
NAME OF PARISH			
PARISH PHONE		PARISH EMAIL	
PARISH PRIEST			
REASON FOR REQUEST			

APPLICANT DETAILS			
SURNAME		FIRST NAME	
PARISH POSITION			
POSTAL ADDRESS		PHONE	
		MOBILE	
		EMAIL	
INFORMATION REQUIRED Please be as thorough as possible			

Statement of Permission

I, _____ Parish Priest of _____ Parish,
 do hereby give permission for the applicant named above, to request information from the
 Diocesan Archives as stated.

Signature

Date



ARCHIVES OF THE CATHOLIC ARCHDIOECESIS OF PERTH

40A Mary Street Highgate WA 6003 Office: 193 Harold Street Mt Lawley 6050

Telephone (08) 0228 8020 Email: archives@perthcatholic.org.au

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