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

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| --- |
| **APPLICANT DETAILS** |
| SURNAME |  | FIRST NAME |  |
| PARISH POSITION |  |
| POSTAL ADDRESS |   | PHONE |  |
| MOBILE |  |
| EMAIL |  |
| INFORMATION REQUIREDPlease 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