

## ARCHIVES OF THE CATHOLIC ARCHDIOCESE OF PERTH

## **APPLICATION FOR ACCESS TO THE ARCHIVES**

	DATE OF APPLICATION	
NAME OF RESEARCHER		
ADDRESS		
PHONE		
FAX NUMBER		
MOBILE		
EMAIL		
PURPOSE OF REQUEST:		
TITLES OF RECORDS TO WHICH ACCESS IS	REQUESTED:	
1		
2		
3		

REFEREE OR COURSE CONTROLLER:	
NAMEOCCUPATION	
ADDRESS	
PHONE	
MOBILE	
FAX	
EMAIL	
STATEMENT OF HONOUR (please read and sign)	
I undertake that I will not make known or publish any information contained in these records	s that may cause
embarrassment or distress to other persons or organisations.	
I will not use any personal details relating to any date since 1920.	
I will not publish or include in any essay or thesis that will be made available to the publ	
these sources, without obtaining the permission of the Archbishop of Perth or his delematerial in this way.	gate to use the
I will not make use of any material that does not pertain to the subject of my research.	
I shall acknowledge the Archive in the approved form and shall provide the Archive with	th a copy of the
essay, thesis or published work.	
SIGNED	
DATE	

## **STATEMENT OF PERMISSION**

I hereby give permiss	ion for	
To be given access subject to any modific	o the following records for the purposes stated on the Permission ations noted below:	to Access form
1		
2		
3		
until	on the condition that the undertaking made above	and the rules to
be observed by rese	archer using the Archives of the Roman Catholic Archdiocese o	f Perth are duly
observed.		
	SIGNED	
	(Archbishop of the Roman Catholic Archdiocese of Pe	
	DATE	