|  |  |  |  |
| --- | --- | --- | --- |
| 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