



Year, no.....
Other, no.....

RESEARCH SHEET
(to be filled in by the researcher)

Name and surnamemaiden name
(optional)

Day, month, year and place of birth.....

Address of permanent residencephone:(optional).....
.....e-mail: (optional).....

Delivery address phone: (optional)
.....e-mail: (optional)

Nationality.....

ID card, passport, other similar document No.

Precise indication of the topic of study and its time scope:

.....
.....

- | | | |
|--------------------------------|---|--------------------------|
| Purpose of consulting*) | Official (service, study) | <input type="checkbox"/> |
| | Private | <input type="checkbox"/> |
| Focus of study:*) | Scientific (studies, monographs, student paper, thesis or dissertation, etc.) | <input type="checkbox"/> |
| | Scientific editions of documents | <input type="checkbox"/> |
| | Genealogical purposes | <input type="checkbox"/> |
| | Private extracurricular education | <input type="checkbox"/> |
| | Collecting interests and related research | <input type="checkbox"/> |
| | Journalistic purposes | <input type="checkbox"/> |
| | Exhibition purposes | <input type="checkbox"/> |
| | For the needs of the authorities | <input type="checkbox"/> |
| For the purposes of chronicles | <input type="checkbox"/> | |

*) *Mark applicable with a cross in a box*

In the case of official (service or study) purpose of consulting:

Name and seat of the legal person for which the researcher works on the relevant subject

.....



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In on

Signature.....

(To be filled by the research room supervisor :)

The data were verified by on

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Access to unarranged archival records approve..... on

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Viewing allowed for other archival material..... on

Evidence of archival material submitted and returned
 (fills in the supervision in the research room)

Other. n.	Brand (name) of the archive file signature, folio	Submitted (date)	Signature of the researcher	Returned (date)	Signature of the supervisor in the research room