Name of the archives			
Year, Ref. No			
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Day, month, year, and place of birth			
Address of permanent residence		Phone: (optional) E-mail: (optional)	
Delivery address		Phone: (optional) E-mail: (optional)	
Nationality í ID card, passport, or similar proof of identity No			
Exact specification of the subject of study and its time scope:			
Purpose of consulting:*)	Official (service, study) Private		
Focus of study:*)	Scientific (study, monograph, student paper, diploma work, dissertation, etc.) Scientific editions of documents Genealogical purposes Private extracurricular education Collectorsøinterests and related research Journalistic purposes Exhibition purposes For the needs of public authorities For the purposes of chronicles		
*) Mark applicable with a cross in a box			
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Name and seat of the legal person for which the researcher works on the relevant subject			

I hereby declare that, in compliance with the relevant legislation, I am fully aware of my personal responsibility for dealing with information that I obtained by consulting the archival records.

I hereby declare that I acquainted myself with the provisions of the Research Rules and I understand that if I violate my basic obligations, I may be refused further consulting archival records, or the already given approval may be revoked.

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