RESEARCH FORM No.

Name(s) and Surname			
Maiden Name (Surname at Birth))		
Day, Month and Year of Birth			
Domicile Address			
Telephone No. (optional)	e-mail (optional)		
Mailing Address			
Telephone No. (optional)	e-mail (optional)		
Citizenship / Nationality			
Personal ID No., Passport (or oth	er ID document) No		
Indicate exact research subject an	d time (from - to):		
Research Purpose:*	Official (Formal)		
	Private		
Research Objective:*	Scientific (study, monography, undergraduate, graduation or		
	dissertation theses, etc.)		
	Scientific document publication		
	Genealogical research		
	Private education		
	Collector's interest and related research		
	Publicist research		
	Exhibition purposes		
	Needs of Authorities		
	Chronicler's Needs		
For official (formal) research,	please, enter the following information:		
Name and registered office of done	the entity, for which the research is		
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I declare that I am familiar with the research policy terms and conditions and I am aware that upon my breach of basic duties, I may be denied to inspect the archival documents, eventually the consent granted to me may be revoked.

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To be filled by the research room superintendent:	
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Signature of authorized staff charged with the research room supervision:	
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List of Lent and Returned Collections

Serial Number	Shelf Mark	Lent	Researcher's Signature	Returned	Note