

**ARCHDIOCESE OF DENVER
ARCHIVES**

APPLICATION FOR USE OF ARCHIVES

NAME _____

HOME ADDRESS _____

PHONE _____

NATURE OF WORK, e.g., historical research, genealogical investigation _____

SPECIFIC OBJECT OF RESEARCH, e.g., persons, parishes, dates

I, the undersigned, declare I understand:

1. That the use of the ARCHIVES is a *privilege accorded to me*.
2. That only materials concerning the subject of my search are to be examined.
3. That I may research only those baptismal and marriage records that are older than 85 years. Death records are not confidential.
4. That removal of any document is not allowed.

SIGNED _____

DATE _____