

**Catholic Diocese of St. Augustine Research Request Form**  
**Request for Permission to Examine Materials at the Diocesan Archives**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Institution You Represent \_\_\_\_\_

\_\_\_\_\_

Subject of Research:

Purpose of Research:

Planned date of visit \_\_\_\_\_

I have read and agree to follow the Rules for Use of Materials at the Archives. I agree to cooperate with the policies established for the Diocesan Archives and to use the appropriate guidelines in citing sources in any material I may publish, giving credit to authors and photographers where necessary. I understand that some records are confidential and may not be opened to researchers.

Send request to Archives, Diocese of St. Augustine, P.O. Box 3506, St. Augustine, FL 32084 or email [archives@dosaf1.com](mailto:archives@dosaf1.com).

Signature \_\_\_\_\_ Date \_\_\_\_\_