(name a	and surname in capital letters)
(address in a	capital letters, phone No., e-mail)
To the Lithuanian State Historical Archiv	ves
To the Lithaman State Instorted Aremy	VC3
	APPLICATION
	(date)
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Please carry out an archival research for	birtii record.
Name, surname (maiden name – for	
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women)	
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Religion	
Fathers's name	

Mother's name		
Specify family relation if you apply on behalf of other person		
Date of birth		
Place of birth		
Certified documents required for	(ple;	ase indicate objective)
ATTACHED.	V · ·	······································
	(signature)	(name and surname)