

\_\_\_\_\_  
(name and surname in capital letters)

\_\_\_\_\_  
(address in capital letters, phone No., e-mail)

To the Lithuanian State Historical Archives

### APPLICATION

\_\_\_\_\_  
(date)

Please carry out an archival research for birth record.

Name, surname (maiden name – for women)	
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

\_\_\_\_\_  
(please indicate objective)

ATTACHED. \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(name and surname)