

USER NO.:



DONEGAL COUNTY COUNCIL ARCHIVES

**DONEGAL COUNTY ARCHIVES
RESEARCH APPLICATION FORM**

Name: _____

Title: (Mr, Ms, Mrs, Dr etc): _____

Permanent Address including post code:

Address while conducting research (if different): _____

Phone Number: _____ **E-mail:** _____

Purpose of Research (e.g., family research, Master's degree, project):

Topic/title of Research: _____

Research Institution & Department (if attached to one):

Supervisor/Referee (if applicable): _____

I have read the Rules for Readers and agree to abide by them

Signed:

Date: _____