
(name and surname in capital letters)

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

To the Lithuanian Central State Archives

APPLICATION

(date)

Please carry out an archival research and provide certifying documents that

Certified documents required for

 (please indicate objective)

ATTACHED.

 (please indicate a copy of ID, a copy of a the power of attorney for representation of non relatives)

(signature)

(name and surname)