(name and surname in capital letters)

(address in capital letters, postal code, 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)