

# Researcher Registration Form

Revised June 2020

Please complete this form after contacting the Office of Archives and Records at [archives@archatl.com](mailto:archives@archatl.com) with your research topic. This form is intended only for those researchers who have already scheduled an in-person appointment to conduct research on a specific topic within the Archives.

**Name:**

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**Permanent Address:**

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**Type of Research**

Historical

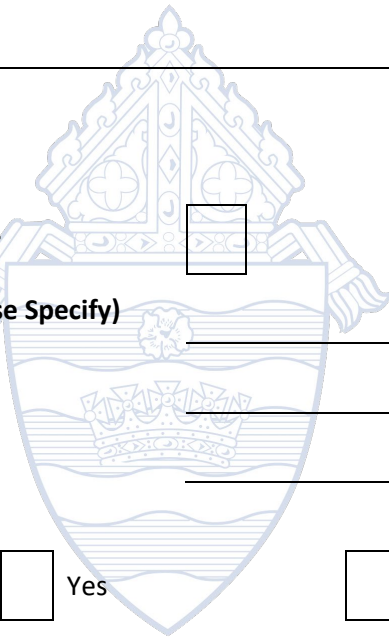
Legal

Genealogy

Administrative

Other

(Please Specify)



**Plans for Publication?**

Yes

No

**I have read the policies and procedures concerning the use of the Archdiocese of Atlanta Archives and agree to comply with them.**

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(Signature)

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(Date)