

CORK CITY & COUNTY ARCHIVES
FORM OF APPLICATION FOR PERMISSION TO READ RECORDS AND ARCHIVES

PLEASE WRITE YOUR DETAILS USING BLOCK LETTERS.

PERMISSION IS SUBJECT TO THE VERIFICATION OF IDENTITY, PROOF OF ADDRESS AND/OR AN ACADEMIC REFERENCE

Personal Details

Title _____ Last Name _____ First Name _____

Address Cork _____

Address Home _____

Tel.No. _____ Email _____

Subject of Research

Please give full details, including the title, and avoid general titles like 'genealogy'

Purpose of Research (tick boxes as applicable)

- Legal search
- Official/FOI search
- Genealogy/Family History
- Local History
- School Project
- Undergraduate project or thesis
- Postgraduate thesis (state degree, MA/MPhil etc.) _____
- Preparation of book, article, publication
- Prep. of lecture, conference paper
- Editing records for publication
- Radio/Television/Film/Internet production
- Preparation of Exhibition
- Other (specify)

Period of Research (tick boxes as applicable)

Before 1700 1700-1800 1800-1900 1900-1950 1950-1980 After 1980

Institutional Affiliation

Name of University, College, School, Society, Commercial entity, Public Office or other Institution to which you are affiliated/attached for your research:

Status / Position Held _____

Name of Research Supervisor _____

College Dept. or Title of Course of Instruction _____

DECLARATION BY APPLICANT

I have read the Rules Governing Access To Records and Other Material in the Cork City and County Archives and agree to abide by them. **I understand that this material may not be published or otherwise reproduced without written permission from the Cork City and County Archives.**

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY

Photo Identification - Type: _____ Date of Issue: _____

Proof of Address Supplied- Type: _____

Ac. Ref. - required: yes / no - Supplied yes / no (Attach Ac. Ref. to Form)

Permission granted by: _____

Date: _____ Entered in Database