

(name and surname in capital letters)

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

To the Lithuanian State Historical Archives

### APPLICATION

(date)

Please carry out an archival research for death record.

Name, surname, father's name	
Religion	
Specify family relation if you apply on behalf of other person	
Date of death	
Place of death	

Certified documents required for

(please indicate objective)

ATTACHED.

(signature)

(name and surname)