

ARCHIVES OF THE METROPOLITAN CATHEDRAL

11, Ange's Palace, Villegaignon Street, Mdina, Malta
E-mail: archives@metropolitanchapter.com
Tel: [00356] 21 450 303



RESEARCH REQUEST FORM

To be filled in by Archives Assistant:

REFERENCE No. _____

REQUEST DETAILS

DATE OF REQUEST: ___/___/_____
dd/mm/yyyy

I, _____, request permission to carry out research
(Insert name & surname)
within the Archives of the Metropolitan Cathedral of Mdina, binding myself to be fully
responsible for the material that I shall be consulting.

RESIDENCE ADDRESS: _____

IDENTITY CARD No.: _____

MOBILE No.: _____

EMAIL: _____

RESEARCH SUBJECT: _____

RESEARCH DURATION: _____ Years; _____ Months; _____ Weeks; _____ Days

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RESEARCHERS' RESPONSIBILITIES

Researchers are to be made aware that the study room is monitored by CCTV cameras.

<i>Do's</i>	<i>DON'T'S</i>
<ul style="list-style-type: none">- Treat all documents with the utmost attention, desisting from writing directly or indirectly thereon or disturbing the proper order of all documents.- Bring to the attention of the person responsible for the archives any circumstances useful for the conservation, systematisation or description of the documents.- Keep absolute silence in the study/research room.- Provide the Archives two copies of any of his/her publications which are based on, or in any way cite documents found in the Archives.- Pay for, or otherwise remedy, damages to the archives for which the researcher is responsible.	<ul style="list-style-type: none">- Do not bring into the study room satchels or suitcases, food or drinks. Satchels, suitcases and any other personal items are to be deposited in the lockers at the entrance hall.- Do not take out any documents from the study room.- Do not smoke in any part of the archives.- Do not take any photographs or photocopies of any document yourself. These, if required, shall be taken by authorised personnel, upon user request.- Do not publish manuscripts, neither in whole nor in substantial or any parts, unless duly authorised. Do not publish, execute or photocopy musical scripts unless duly authorised. There is a different set of rules for the musical archives.

DECLARATION OF AGREEMENT BY RESEARCHER

I, the undersigned, declare that I agree with the above outlined responsibilities and that I will abide with their requirements and stipulations. I further declare that my personal information and details concerning the research request above provided are correct and that I have fully disclosed the intents and purposes behind the research.

SIGNATURE OF RESEARCHER: _____

RECOMMENDATION BY COMPETENT AUTHORITY

I, the undersigned, have known personally the applicant since __ / __ / _____ and recommend his/her request for permission to consult the Archives.

SIGNATURE OF RECOMMENDER: _____

DATE: __ / __ / _____

APPROVAL BY THE ARCHIVIST

I, the undersigned, approve the researcher's request for permission to consult the Archives.

SIGNATURE OF ARCHIVIST: _____

DATE: __ / __ / _____