



**MARYKNOLL
MISSION
ARCHIVES**

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Researcher Application

Type of Application: New Returning

Name: _____

Institutional Affiliation: _____

Address: *(Street, City, State, Zip Code, Country)*

Home/Mobile/Work phone: _____

Fax: _____ Email: _____

Type of Researcher:

- Employee Genealogist Academic Journalist/Media
- Society Member Maryknoll Sister Maryknoll Lay Missioner
- Other *(specify)*: _____

Proposed Project:

- Book Article Film/TV Web site project
- Family History Dissertation Thesis Exhibit
- Other *(specify)*: _____

Detailed description of proposed project *(include topics of interest and date span)*:

I have read and agree to abide by the Maryknoll Mission Archives "Reading Room Rules." I realize that I am responsible for conforming to copyright, right-to-privacy, libel, slander, and any other applicable federal and state statutes. I agree to indemnify and hold harmless the Catholic Foreign Mission Society of America, Inc., the Maryknoll Sisters of St. Dominic, Inc., the Maryknoll Mission Association of the Faithful, Inc., their officers, employees, and agents from any and all claims resulting from the use of materials in the Maryknoll Mission Archives. I understand that failure to comply with these rules may result in the denial of access to the collections in the future.

Signature:	Date:
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