

ELEMOSINERIA APOSTOLICA – OFFICE OF PAPAL CHARITIES

REQUEST FORM FOR APOSTOLIC BLESSINGS ON PARCHMENT

Please enter clearly all the information requested below:

PETITIONER	
Name and surname:
Address: Street No.
City Country
Telephone: Date of request:

INFORMATION NEEDED FOR THE PARCHMENT	
Name and surname of the person(s) for whom the blessing is being requested:	
.....	
.....	
Occasion (cf. attached list):	
.....	
Day/Month/Year:	
Name of the Church or Parish:	
City and State:	
Language:	<input type="checkbox"/> Italian <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Portuguese
	<input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Polish

NIHIL OBSTAT (WHERE REQUIRED)	
Seal, signature and observations of the ecclesiastical authority	

ADDRESS FOR MAILING THE PARCHMENT	
<i>(each box must be completed)</i>	
	<input type="checkbox"/> Priority mail
	<input type="checkbox"/> Express courier
Name and surname:
Address: Street No.
City
Post code Country
Telephone: E-mail:

Print and send this request form by fax to the number: (+39) 06 698 83132
or by regular post to:

ELEMOSINERIA APOSTOLICA
Parchment Office
00120 VATICAN CITY