OFFICE OF THE ARCHDIOCESAN ARCHIVES

Records Deposit Form (AFF)

Complete & return form to Archives w/ boxes to be deposited in Archives
(Place form in folder & set atop records inside Box #01)

Institution/ Organization Name:

City/Town:

Administrator: **Date:**

Box # [01, 02, 03, etc.]	**Box Contents (w/ date range)**	**Date Packed** [Affiliate completes]	**Date Sent** [Affiliate completes]	**Date Received in Archives** [Archivist completes]	**Archivist initial** [Archivist completes]	**Notes**