

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 WITH EXPRESS COURIER <i>(each box must be completed)</i>	
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