

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: ☐ Italian ☐ English ☐ German ☐ Portuguese
 ☐ French ☐ Spanish ☐ Polish

NIHIL OBSTAT (WHERE REQUIRED)

Seal, signature
and observations
of the ecclesiastical authority

ADDRESS FOR MAILING THE PARCHMENT

(each box must be completed)

☐ Priority mail

☐ 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**