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:

.....

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 WITH EXPRESS COURIER

(each box must be completed)

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