

Budapest City Archives
1139 Budapest, Teve u. 3-5.
☎ 298-75-00

Reference number:/20 .BFL

ENQUIRIES SERVICE

Term of study/certification request form

Data of person to be searched

Name:

Mother's name:

Place and date of birth:

Permanent address:

ID-card no.: Phone number:

If authorised by another person, data of authorisation holder (name, ID-card no.)

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(please attach authorisation form)

Nature of enquiry

1. Term of study certification
2. Term of service certification

Data of school/place of work to be searched:

Name:

Address:

Time scope of studies/term of service:

Profession of field of training/Name of position filled:

Attachments:

Notes:

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Budapest, 20.....

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signature