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**Historical Archives of the Hungarian State Security**

Registration No.: .....

**RESEARCH APPLICATION**

Last name: ..... First name: .....

Mother's name: ..... Place and date of birth: .....

Address: .....

Nationality: .....

ID or passport number: ..... Telephone number: .....

Description of the subject-matter of research:  
 .....  
 .....  
 .....  
 .....

Purpose of research: .....

Period of the subject to be researched: .....

Name and address of the organization supporting the research:  
 .....  
 .....  
 .....

**DECLARATION OF THE RESEARCHER**

I, the undersigned, being fully aware of my legal liability, hereby declare that the above data conform to reality and at the same time I agree that the Historical Archives of Hungarian State Security shall take my data into registration. I undertake to observe the research related legal statutes, as well as the research rules of the Archives. I shall inform the Archives within 3 months after the publication on the bibliographical entries of my work(s) produced by the use of the documents put at my disposal.

Budapest, ..... Day ..... Month ..... Year

.....

Signature