**OFFICE OF THE ARCHDIOCESAN ARCHIVES**

**Records Deposit Form (INT)**

Complete & return form to Archives w/ boxes to be deposited in Archives

(Place form in inter-office envelope & set atop records inside Box #01)

Records Center ID:

Department/Office:

Retention Schedule:

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| **Box #**[01, 02, 03, etc.] | **Box Contents****(w/ date range)** | **Date Packed**[Office completes] | **Date Transferred**[Office completes] | **Date Deposited in Archives**[Archivist completes] | **Department/ Office**(initial) | **Archives Office**(initial) | **Notes** |
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