## **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:**

Signature:

Date:

<b>Box #</b> [01, 02, 03, etc.]	Box Contents (w/ date range)	Date Packed	Date Transferred [Office completes]	Date Deposited in Archives [Archivist completes]	Archivist Initial [Archivist completes]	Notes

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