

# Louth County Archives Service

## FORM OF AGREEMENT FOR THE GIFT OR DEPOSIT OF PRIVATE DOCUMENTS

I (name of depositor/donor) .....Tel:.....  
Of (address of depositor/donor) .....  
.....

(Tick as appropriate) Give to..... OR deposit with.....Louth County Archives Service

Archive Type:.....  
(e.g. Estate, Family, School, Business, etc)

Description of material & dates:  
.....  
.....  
.....

under the conditions stated (as attached).

Archival History of Material (where did it come from, who had it since it was created):  
.....  
.....

The following specific conditions shall also apply (please indicate only if any other conditions discussed with Archivist):.....  
.....  
.....

Copyright is to be held by:.....

Period of deposit. Number of Years:..... OR Permanent:.....

Signed:  
For and on behalf of the depositor/donor

Date:

Signed:  
For and on behalf of Louth County Archives Service

Date:

*“The identification, preservation and availability of the valuable public and private archives of County Louth”*