

Zion German Evangelical Lutheran Church

Copy Request Form (Please Print)

Requestor Information:

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Phone _____ E-Mail _____

A copy of the requested record will be sent via E-Mail only.

Record Information:

First Name _____ Last Name _____

Type of Event (Baptism, Marriage, or Funeral): _____

Event Date: _____

Book #: _____ Page: _____ Record Number: _____

Copy Fee: \$ 3.00 for each record requested

I am enclosing: \$ _____

Please make your check payable to the ***German Genealogy Group***.

Please include your payment, this form and your e-mail address.

Mail to: **German Genealogy Group**
ATTN: Record Search
Post Office Box 1004
Kings Park, NY 11754