

Most Holy Trinity - Roman Catholic Church

Copy Request Form

(Please Print)

Requestor Information:

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Phone _____ E-Mail _____

Would you like to receive the information by email? (Yes or No): _____

Record Information:

First Name _____ Last Name _____

Type of Event (Baptism or Marriage): _____

Event Date: _____ Page: _____ Record Number: _____

Copy Fee: \$10.00 for each record requested

I am enclosing: \$ _____

Please make your check payable to the **Most Holy Trinity Church**.

Please include your payment, this form and a stamped self-addressed business (No. 10) envelope, and mail to:

Ms. Lucy Deras
Most Holy Trinity Church
138 Montrose Avenue
Williamsburg, Brooklyn, New York, 11206