

St. John's Evangelical Lutheran 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, Marriage, or Funeral): _____

Event Date: _____ Page: _____ Record Number: _____

Copy Fee: **\$ 10.00 per record requested**

I am enclosing: \$ _____

Please make your check payable to the *St. John's Evangelical Lutheran Church*.

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

Genealogical Record Request
St. John's Evangelical Lutheran Church
88-24 Myrtle Avenue
Glendale, NY 11385