

Good Shepherd 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, Confirmation, Marriage, or Funeral): _____

Event Date: _____ Page: _____ Record Number: _____

Copy Fee: Minimum of **\$ 5.00 per record requested**

I am enclosing: \$ _____

Please make your check payable to the *Abiding Presence Lutheran Church*.

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

Good Shepherd Record Request
Abiding Presence Lutheran Church
4 Trescott Path
Fort Salonga, NY 11768