

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** _____

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

Copy Fee: \$3.00 for each record requested

I am enclosing: \$ _____ for _____ record(s)

Please make your check payable to the German Genealogy Group

Please include your payment and this form and mail to:

**German Genealogy Group
ATTN: Record Search
P. O. Box 1004
Kings Park, New York 11754-1004**

Record Information:

First Name _____ Last Name _____

Type of Event (Baptism or Marriage): _____

Event Date: _____ Book # _____ Page# _____ Entry# _____

Use the second page for copies of multiple records

Record Information:

First Name _____ Last Name _____

Type of Event (Baptism or Marriage): _____

Event Date: _____ Book # _____ Page# _____ Entry# _____

Record Information:

First Name _____ Last Name _____

Type of Event (Baptism or Marriage): _____

Event Date: _____ Book # _____ Page# _____ Entry# _____

Record Information:

First Name _____ Last Name _____

Type of Event (Baptism or Marriage): _____

Event Date: _____ Book # _____ Page# _____ Entry# _____

Record Information:

First Name _____ Last Name _____

Type of Event (Baptism or Marriage): _____

Event Date: _____ Book # _____ Page# _____ Entry# _____

Record Information:

First Name _____ Last Name _____

Type of Event (Baptism or Marriage): _____

Event Date: _____ Book # _____ Page# _____ Entry# _____
