

# Our Lady of Sorrows - 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: **Please include a donation for each record requested**

I am enclosing: \$ \_\_\_\_\_

Please make your check payable to the ***St Joseph Patron of the Universal Church.***

Please include your payment, this form and a stamped self-addressed business (No. 10) envelope, and mail to: **St Joseph Patron of the Universal Church  
185 Suydam St.  
Brooklyn, NY 11221**