

Christ Church, Episcopal
Manhasset, New York

Request for Record
(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: _____

Suggested Donation: \$ **10.00 per record requested**

I am enclosing: \$ _____

Please make your check payable to: *Christ Church.*

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

Christ Church Record Request
1351 Northern Blvd.
Manhasset, NY 11030