

St. Jacobus Lutheran/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: **Please include a donation for each record requested**

I am enclosing: \$ _____

Please make your check payable to the **St. Jacobus Lutheran Church.**

Please include your payment, this form and a stamped self-addressed business (No. 10) envelope,
and mail to: **St. Jacobus Lutheran/Evangelical Lutheran Church**
7201 43rd Ave.
Woodside, NY 11377