

# Trinity Reformed Church, Ridgewood

## 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)

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

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### Record Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Type of Event (Baptism or Marriage): \_\_\_\_\_

Event Date: \_\_\_\_\_ Book # \_\_\_\_\_ Page# \_\_\_\_\_ Entry# \_\_\_\_\_

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**Use the second page for copies of multiple records**

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