

**STATE OF MARYLAND
MARYLAND STATE ARCHIVES
350 ROWE BLVD
ANNAPOLIS, MD 21401**

Religious Record

IMPORTANT: This order form is for a photocopy of a **single** religious record. For multiple records, submit a request per additional record. For more information, contact us by phone at 410-260-6487 or by email at msa.helpdesk@maryland.gov.

While the Maryland State Archives has an extensive collection of religious records, not all such materials for Maryland are held here. Additional records may be found at the Maryland Historical Society, at denominational archives, in county historical societies or still in the possession of the congregation. Please see the Religious Records tab in the Special Collections page of the Archives' website for information on church records in our possession. Only records listed as in the MSA Collection are available through the Archives.

Fees

The non-refundable and non-transferrable fee is \$35.00 per copy.

Please Note: The Archives will attempt to locate the record based upon the information you provide, but we cannot guarantee results. If the search provides no record matching the information provided, the fee is not returned, and a notification letter from the Archives is issued.

Payment

Acceptable forms of payment include personal or corporate check or money order (payable to the Maryland State Archives), or major credit card (MasterCard or Visa). You may order in person at the Archives, by United States Mail, or by filling out and submitting the subsequent information by secure form.

If paying by credit card with this mail-in form, please complete the shipping information and billing information. If paying by personal or corporate check or money order, just complete the shipping information.

*** Required**

PLEASE PROVIDE INFORMATION NEEDED TO LOCATE THE RELIGIOUS RECORD

Number of Copies Requested *: _____

Name of Congregation/Parish/Synagogue/Temple: _____

AND / OR*

Denomination: _____

County *: _____

Record Requested (Birth, Marriage, Death, Burial, etc.) *: _____

Person(s) *: _____

Date: _____
(month/day/year)

MSA Citation *: _____

Additional Information: _____

SHIPPING INFORMATION

Name (Print) *: _____
(first/middle/last)

Address *: _____

City/State/Zip Code *: _____

Telephone # *: _____ Email *: _____

BILLING INFORMATION (if paying by card)

Name (Print) *: _____
(first/middle/last)

Address *: _____

City/State/Zip Code *: _____

Credit Card # *: _____ Credit Card (circle one) *: Visa MasterCard

Expiration Date *: _____ CVV (3 Numbers on Back) *: _____
(MM/YY)