**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: ______________________________________________________________________________________

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____________________________________________________________________________________

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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)