MASS INTENTION REQUEST FORM

Note: Mass Intention are not accepted on:
HOLY THURSDAY, GOOD FRIDAY, HOLY SATURDAY, ALL SOULS DAY, NOR CHRISTMAS.

For - (Name)	Date Preferred

Please request only one Mass Intention per week (Monday - Sunday) for each deceased.

Enclosed please find $_____ for _____ Mass Intentions at $5.00 each. _____/_____/_____
(Date)

Date Received: _____ Check #: _____ _____ Check _____ Cash

Name: _____

Address: _____Phone: _____

City: _____ State: _____ Zip Code: _____

Please Note: Mail completed form, along with stipends, to the above address. If you wish to bring it to the office, we would appreciate your doing so from 9:00 a.m. - 12:00 noon, to more easily comply with your request. Special dates should be requested at least two weeks in advance. If you wish confirmation of above, please enclose a self addressed, stamped envelope.