**2024 MASS REQUEST**

*Please complete the form below to request Mass Intentions. Every effort will be made to accommodate your requested dates and times. However, if the date/time is unavailable, we will schedule the intention as close to the requested date as possible. Multiple/shared mass intentions may be accepted for Tuesdays at 6:00pm, Fridays at 12:00 noon & Saturdays at 4:00pm. Only 5 names can be accepted for each Sunday mass. All other masses are limited to two (2) names. Stipends are* ***$5 per mass intention.***

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Mass Intention Name** | **D/L\*** | **Mass Date Requested** | **Mass Time Requested** | **For Office Use Only**  **Mass Date & Time Scheduled** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

***\*D (Deceased) or L (Living)***

**Mail a Mass Card to the family at:**

|  |  |  |
| --- | --- | --- |
| **#** | **Family/Name** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |



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| --- | --- |
| **Office Use Only** |  |
| **Date Request Received** |  |
| **Stipend Received** |  |
| **Entered in Computer** |  |
| **Cards Mailed** |  |