

2025 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 |
|---|-------------|---------|
| | | |
| | | |
| | | |

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

