

Mass Intention Request Form

Date: _____

Please complete this form and return to the Receptionist at the Parish Office.

We ask that you request only five Mass intentions at a time and pay the stipend when scheduling the date of the Intention. We will call you if the date/time you requested is NOT available and to suggest alternatives.

(It is customary **to donate \$5 PER NAME** as a stipend for the priest who will say the Mass. Intentions are recorded on a first come, first served, basis. Our daily and holy day Mass schedule is subject to change by the Pastor. If you have scheduled a Mass intention for a Mass that is later cancelled, we will notify you by phone.)

Your Name: _____ Phone number (required): _____

	<u>NAME OF PERSON</u>	<u>REASON</u>	<u>DATE</u>		<u>TIME</u>	
	(Please Print)	mark a "+", birthday Anniversary, etc.	1 st Choice	2 nd Choice	1 st Choice	2 nd Choice
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Office Use: Paid: _____ Ch#: _____ CH: _____ Receipt #: _____ Rec'd by: _____

Notes: _____