St. John Paul II Parish Sanctuary Candle Intention Request

Candle 1

Please fill out this form to request Sanctuary Candles to be scheduled for **2021** and return by October 1, 2020.

Notre Dame Sanctuary Candle _____St. Stanislaus Kostka Sanctuary Candle _____ (Please Check One)

Who is the candle for: (Please write the name(s) exactly as you would like it to appear in the Bulletin.)

Name _____

Living _____ Deceased _____ Please check one

Special Intention, if applicable. (Anniversary of death, etc.) _____

Name of person or people requesting the Candle. (Please write the names exactly as you would like them to appear in the Bulletin.)

Name _____

Week Requested:

Week beginning Sunday, _____2021

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Candle 2

Please fill out this form to request Sanctuary Candles to be scheduled for **2021** and return by October 1, 2020.

Notre Dame Sanctuary Candle _____St. Stanislaus Kostka Sanctuary Candle _____ (Please Check One)

Who is the candle for: (Please write the name(s) exactly as you would like it to appear in the Bulletin.)

Name _____

Living _____ Deceased _____ Please check one

Special Intention, if applicable. (Anniversary of death, etc.) _____

Name of person or people requesting the Candle. (Please write the names exactly as you would like them to appear in the Bulletin.)

Name _____

Week Requested:

Week beginning Sunday, _____2021

Contact and payment information: Candle Intention Donation ($10.00 per Candle) Enclosed _____ Make Check payable to St. John Paul II Parish

Name _____
First **Last**

Street Address_____

Town_____**State** _____ **Zip**_____ **Phone Number** _____

Email_____