



St. Joan of Arc Catholic Church 985-652-9100 Fax 985-651-2920

529 West 5th Street, LaPlace, LA 70068

Mass Intention Request Form - Please PRINT Clearly--- and complete the following:

*****Circle One: Deceased - Birthday - Anniversary - Get Well - Easter - Living*****

Please Print Clearly name of the person

Requested Date & Time of Mass (if available)

Five horizontal lines for entering the name of the person.

Five numbered horizontal lines for entering the requested date and time of mass.

Sanctuary Light -The Sanctuary Light in Church can be lit for a special intention of a loved one or family. \$5.00 per name (One name or family per week).

Name: _____ Week of: _____

Convent Chapel Light - The Sanctuary Light in the Convent Chapel can be lit for a special intention of a loved one or family. \$5.00 (One Name or family per week.)

Name: _____ Week of: _____

Sacred Heart Chapel Light: The Sanctuary Light in the Sacred Heart Chapel can be lit for a special intention of a loved one or family. \$5.00 (One name or family per week)

Name: _____ Week of: _____

Bulletin Memorial: (One Name or Family per week) \$10.00 _____

Masses & Votive Lights requested by:

Name: _____
Address: _____
Phone: _____
Email: _____

Please send a Mass card to:

Name : _____
Address : _____
City/State/Zip: _____

Please print the name and full address of the person you would like to receive the mass card. Thank you! (PRINT CLEARLY)

Masses _____ # Lights _____ Total Offering: \$ _____ Cash _____ Check # _____ On Line _____

Taken by _____ Recorded On: _____ Posted/Contributions _____ Mass Card Sent _____ Letter/email _____

To be Christ to Everyone



To see Christ in Everyone