

† SAINT MARY MAGDALENE PARISH †

MASS INTENTION REQUEST FORM

Requesting a Mass to be offered for a loved one (living or deceased) has been an important part of our Catholic tradition. In continuing with this practice, while attempting to be as accommodating to the entire Saint Mary Magdalene Parish family as possible, the policies listed below will be in effect to schedule Masses.

Please read carefully and adhere to the following guidelines:

1. When requesting a Mass, please note that Mass intentions will not be accepted on the following days as they will be lit for the *Living and Deceased Members of St. Mary Magdalene Parish*:

***New Year's Eve & New Year's Day,
Holy Thursday, Holy Saturday, Easter Sunday,
Thanksgiving, Christmas Eve & Christmas Day,
All Souls' Day, Mother's Day, Father's Day***

2. Please print names CLEARLY and LEGIBLY so that names can be entered in the Mass intention book correctly. Lengthy requests cannot be published in the bulletin and will be edited for the sake of brevity. Further, since the purpose of publishing the Mass intention in the bulletin is to notify family, friends, and other parishioners, a last name of the intention is required.
3. A **\$10 stipend**, (cash or check) as determined by Diocesan policy, is to accompany each Mass intention. Mass intention requests should be returned via mail or dropped off at the parish office. Mass intention requests cannot be taken over the telephone with payment to be mailed in later. NO EXCEPTIONS!

Please make check payable to: **SAINT MARY MAGDALENE PARISH**

OVER →

2021 Mass Schedule:

- ❖ Saturday (anticipated)
 - 4:00pm – St. James Church
- ❖ Sunday
 - 9:00am – Mother of Good Counsel Church
 - 11:00am – St. Bede Church
- ❖ Daily Mass
 - 9:00am (Monday – Saturday) – St. Bede Church

EACH HOUSEHOLD IS ONLY PERMITTED TO SCHEDULE (1) SUNDAY MASS AND/OR (2) WEEKDAY MASSES IN ORDER TO ALLOW ALL PARISHIONERS AN OPPORTUNITY TO REQUEST A MASS.



SUNDAY MASS FOR: _____

REQUESTED BY: _____

DATE REQUESTED: _____ ALTERNATE DATE: _____

LOCATION REQUESTED: _____ ALTERNATE LOCATION: _____

WEEKDAY MASS FOR: _____

REQUESTED BY: _____

DATE REQUESTED: _____ ALTERNATE DATE: _____

WEEKDAY MASS FOR: _____

REQUESTED BY: _____

DATE REQUESTED: _____ ALTERNATE DATE: _____



Name: _____

Email: _____

Phone: _____

PLEASE RETURN COMPLETED FORM ALONG WITH CHECK/CASH TO: