



St. Mary Church

2020 MASS REQUESTS

FOR OFFICE USE ONLY

Date: _____
Check # _____ Cash []
Amount _____
Call: Yes [] No []

SUBMITTED BY: _____

HOME #: _____ CELL #: _____

E-MAIL: _____

REQUESTED MASSES: ONLY 2 MASSES PER DECEASED PER FAMILY

WEEKDAY - 8:00 AM SATURDAY - 8:00 AM AND VIGIL MASS AT 5:00 PM

SUNDAY MASSES - 8:00 AM, 9:30 AM AND 11:00 AM

\$10.00 STIPEND PER MASS REQUESTED

NAME: _____

REQUESTED BY: _____

DATE CHOICES: 1ST _____ 2ND _____ 3RD _____

TIME CHOICES: 1ST _____ 2ND _____ 3RD _____

NAME: _____

REQUESTED BY: _____

DATE CHOICES: 1ST _____ 2ND _____ 3RD _____

TIME CHOICES: 1ST _____ 2ND _____ 3RD _____

NAME: _____

REQUESTED BY: _____

DATE CHOICES: 1ST _____ 2ND _____ 3RD _____

TIME CHOICES: 1ST _____ 2ND _____ 3RD _____

NAME: _____

REQUESTED BY: _____

DATE CHOICES: 1ST _____ 2ND _____ 3RD _____

TIME CHOICES: 1ST _____ 2ND _____ 3RD _____

PLEASE MAIL TO: ST. MARY CHURCH, 830 FIFTH AVENUE, ALPHA, NJ 08865 OR

DROP OFF IN THE COLLECTION BASKET ON THE WEEKEND

FOR A WEEK LONG REMEMBRANCE REQUESTS CAN BE MADE FOR **TABERNACLE CANDLES** AND **ALTAR FLOWERS**