Mass Intention Request Form

Instructions: Please complete one form for each Mass Intention you are requesting.

This Mass Intention if for (individual or family): _________________________________

Is the intention for a person who is living: ______________________________________

Mass Time/Location (Choose One): Requested Date of Mass: ______________________

☐ 6:45 AM Blessed Sacrament (M-F)
☐ 5:30 PM St. Michael (M-TR)
☐ 4:30 PM St. Michael (Saturday)
☐ 7:30 AM Blessed Sacrament (Sunday)
☐ 9:00 AM St. Michael (Sunday)
☐ 10:00 AM Blessed Sacrament (Sunday)
☐ 11:00 AM St. Michael (Sunday)

Name of individual requesting the Mass Intention: _________________________________

Email: ___________________________ Phone Number: _______________________________

Please note if the intention is for a special occasion such as an anniversary:

____________________________________________________________________________

Mass Intentions may only be scheduled one year in advance. Please call the office if you would like to check the availability of date(s) at 712-277-2949. Thank you! The stipend for each Mass intention is $10.00. Please send a check to Holy Cross Parish, 3012 Jackson Street, Sioux City, IA.

For Office Use Only: Donation Received: _____ Check #: _______
Date Received: ________________ Confirmation sent to Contact Person:
Assigned Date of Mass: _________
Assigned Time of Mass: _________