

2021 Our Lady of the Lakes Mass Request Form

Please print all information clearly.

If the date you request is taken, you will be given the closest date available.

Donor's Name: _____

Address: _____

Phone Number: _____

Weekend Intention Request:

Type of Mass: General Death Anniv Birth Rem Health of Other: _____

(Intention Name)

(Requested By)

(Preferred Date & Time)

Weekday (Monday-Saturday at 8:00am) Intention Request:

Type of Mass: General Death Anniv Birth Rem Health of Other: _____

(Intention Name)

(Requested By)

(Preferred Date)

Additional Requests (will be scheduled as Masses are available):

Type of Mass: General Death Anniv Birth Rem Health of Other: _____

(Intention Name)

(Requested By)

(Intention Name)

(Requested By)

Please return this completed form along with stipend payments (\$10 per intention) to:

Our Lady of the Lakes Parish
PO Box 149
Bairdford, PA 15006

Make checks payable to Our Lady of the Lakes Parish.

Questions? Please contact the Parish Administrative Center at 724-265-2070.

FOR OFFICE USE ONLY:

Amount Enclosed: _____

Date Received: _____

Cash or Check #: _____

Recorded in Book: _____ Page#: _____