

Blessed Sacrament Shrine

Mass Intention Request Form

DATE: _____

Requested by:

NAME: _____

PHONE: _____ EMAIL: _____

Intention of: Living Deceased

Name: _____ By _____

Anniversary Birthday Wedding Anniversary In Thanksgiving Other _____

Other: _____ By _____

If requesting more than two names per Mass, please use the family name (i.e. The Smith Family)

Requested Mass Date: First Available Date and Time No Specific Date or Time

First Choice: _____ Time: _____

Second Choice: _____ Time: _____

Intention of: Living Deceased

Name: _____ By _____

Anniversary Birthday Wedding Anniversary In Thanksgiving Other _____

Other: _____ By _____

Requested Mass Date: First Available Date and Time No Specific Date or Time

First Choice: _____ Time: _____

Second Choice: _____ Time: _____

Total of _____ Masses at \$10.00 per Mass

Total Stipend Enclosed: \$ _____

Blessed Sacrament Shrine • 52 West Somerset Street • Raritan, NJ 08869

908 722-1489*

908 300-8167

*Faxes go to 908-722-1489 after notification

Email: blessedsacramentshrine@blessedsacramentshrine.org

Website: BlessedSacramentShrine.com