

MASS REQUEST FORM

FIRST REQUEST – Please print

| | | | |
|---|--------------------------------------|----------------------------------|---------------------------------------|
| St. Peter <input type="checkbox"/> | St. Cecilia <input type="checkbox"/> | | |
| Weekday <input type="checkbox"/> | Weekend <input type="checkbox"/> | if weekend, list mass time _____ | Month's Mind <input type="checkbox"/> |
| I would like to request a Mass for the intention of: _____ | | | |
| Requested by: _____ | | | |
| If possible, on the following date: _____ | | | |
| Alternate date would be: _____ | | | |

SECOND REQUEST – Please print

| | | | |
|---|--------------------------------------|----------------------------------|---------------------------------------|
| St. Peter <input type="checkbox"/> | St. Cecilia <input type="checkbox"/> | | |
| Weekday <input type="checkbox"/> | Weekend <input type="checkbox"/> | if weekend, list mass time _____ | Month's Mind <input type="checkbox"/> |
| I would like to request a Mass for the intention of: _____ | | | |
| Requested by: _____ | | | |
| If possible, on the following date: _____ | | | |
| Alternate date would be: _____ | | | |

Name and phone number of the person who is filling out this form. If there is a problem you will receive a phone call from the office.

Requester: _____ Phone: _____

*** Masses are scheduled on a first come, first served basis. Canon Law prohibits us from having more than one intention said per Mass.

Two Mass Intentions will be accepted per requester per year. Following the death of a loved one in the current year we will accept 5 Mass Intentions.

All additional Masses requested will be recorded and completed as soon as possible. We will work with the requesting family to find the best solution.

Mass requests cannot be made for the following days: Holy Thursday, Good Friday, Holy Saturday, Easter, Mother's Day, Father's Day, All Saints Day, All Souls Day, Christmas Eve, and Christmas Day.

Office Use: \$10 donation per mass request

Processed by: _____

Date received: _____

| | |
|--------------------------------|---------|
| Cash <input type="checkbox"/> | _____ |
| Check <input type="checkbox"/> | # _____ |