

MASS REQUEST FORM FOR 2016

Please print all information clearly.

Person(s) making request _____ Phone _____

Mass Request 1

Mass Request 2

Person(s) for whom mass will be offered

Person(s) for whom mass will be offered

Requested
by _____

Requested
by _____

Day & Date:

Day & Date:

1st Choice _____

1st Choice _____

2nd Choice _____

2nd Choice _____

If weekend mass—Time: 1st choice _____

If weekend mass—Time: 1st choice _____

2nd choice _____

2nd choice _____

Office use only: Paid _____ Mass Intention # _____

Office use only: Paid _____ Mass Intention _____