

MASS INTENTION**PLEASE PRINT CLEARLY**

The Mass is for: (name of person) _____

_____ Deceased Living – Special Intentions: _____

Mass is being requested by: _____

Mass Date & time of Mass preferred: _____

(Subject to availability – Please list your contact number so that the Mass can be confirmed)

Place your Mass request in the offertory. If a mass card is needed—contact the church office
Mon—Fri, 9 am-4 pm, to pick up a mass card.***Suggested Mass offering ~ \$10***

Contact phone number: _____

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