Cathedral Basilica of St. Peter in Chains
MASS INTENTION REQUEST FORM

Requested by:

NAME ____________________________
ADDRESS ____________________________
CITY ____________________________ STATE ________ ZIP CODE ________
PHONE ____________________________

Mass Intention is a: (check one)

____ Special Intention  ______ Deceased

Intention of (or in Memory of):

Name ____________________________

Requested Mass date:

First Choice: _____________ Time: _________
Second Choice: ____________ Time: _________
Check if no specific date or time is requested: _______

Do you want a Mass card? _______ YES ________ NO

If yes, mail to:

NAME ____________________________
ADDRESS ____________________________
CITY ____________________________ STATE ________ ZIP CODE ________

How would you like your card signed? Do not sign - we will sign ______

______________

Total of ________ Masses at $5.00 per Mass

Total Stipend Enclosed: $_____

Drop completed form, with the stipend payable to Cathedral Basilica of St. Peter in Chains, in the collection basket or mail to Cathedral Basilica of St. Peter in Chains, 325 West Eighth Street, Cincinnati, OH 45202