

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