

**St. Peter in Chains Cathedral**  
**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 St. Peter in Chains Cathedral, in the collection basket or mail to St. Peter in Chains Cathedral, 325 West Eighth Street, Cincinnati, OH 45202*