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