

# Saint James Church Mass Request Form

**Please print all information clearly.**

If the date you request is taken, you will be given the closest date available.

Donor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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## Weekend Intention Request:

Type of Mass: ☐ General ☐ Death/Anniversary ☐ Birth Remembrance ☐ Health of ☐ Other

\_\_\_\_\_  
(Intention Name)

\_\_\_\_\_  
(Requested By)

\_\_\_\_\_  
(Preferred Date & Time)

## Weekday (Tuesday through Friday at 8:00 a.m.) Intention Request

Type of Mass: ☐ General ☐ Death/Anniversary ☐ Birth Remembrance ☐ Health of ☐ Other

\_\_\_\_\_  
(Intention Name)

\_\_\_\_\_  
(Requested By)

\_\_\_\_\_  
(Preferred Date & Time)

## Weekday (Tuesday through Friday at 8:00 a.m.) Intention Request

Type of Mass: ☐ General ☐ Death/Anniversary ☐ Birth Remembrance ☐ Health of ☐ Other

\_\_\_\_\_  
(Intention Name)

\_\_\_\_\_  
(Requested By)

\_\_\_\_\_  
(Preferred Date & Time)

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Please return this completed form along with stipend payments (\$10.00 per intention) to:

Saint James Church  
306 Saint James Lane  
New Alexandria, PA 15670

Make checks payable to Saint James Church.

Questions? Please contact the Parish Office at 724-668-2829

### FOR OFFICE USE ONLY:

Amount Enclosed: \_\_\_\_\_

Date Received: \_\_\_\_\_

Cash or Check #: \_\_\_\_\_

Recorded in Book: \_\_\_\_\_ Page # \_\_\_\_\_