Our Lady of Perpetual Help, Kenner, LA
Mass Intention Request

The stipend for each Mass Request is $5. Your donation may be in cash or by check. **Forms may be submitted with stipends** through the weekly collection basket (sealed in an envelope labelled "Mass Intention Request"), mailed to the Parish Office, or brought to the Parish Office and dropped in our mailbox.

Requestor Contact Information is required. Please print clearly.

Requested by: _____

Phone: _____ **Date:** _____

ONE MASS INTENTION PER FORM, but multiple dates accepted. Please obtain another copy to request another intention. Please visit our website additionally to view the policies on Mass Intentions.

Reserved Masses

Sunday at 5:00 p.m. (Latin) - Pro Populo (For Our Lady of Perpetual Help Parishioners)

Single Intention Masses

Please note there are exceptions for Holidays and Holy Days of Obligation.

Monday - Friday at 6:00 p.m.

First Saturday at 9:00 a.m.

Sunday at 7:30 a.m., 9:00 a.m., & 12:30 p.m.

Multi-Intention Masses

Saturday at 4:00 p.m.

Sunday at 10:30 a.m.

Please note: To provide an opportunity to all interested parishioners, Single Intention Masses are limited to **5 per monthly visit**. There is no limit on Multiple Intention Masses.

Please call the Parish Office if requesting specific dates for availability before submitting the form.

Requested Intention Name: _____ □Living □Deceased

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Please continue on back of form →

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Requested Date:_____ Mass Time: _____

Would you like a Mass card sent? □ Yes □ No

Mail to (Name):

_____

Address:

_____

Mass card from (if different from requestor):

_____

- *To be completed by office staff* -

Received and recorded by _____ Date _____

Amount paid _____ Cash/Check #: _____ Receipt #: _____