

**Our Lady of Perpetual Help, Kenner**  
**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.

**Multiple 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: \_\_\_\_\_

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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 #: \_\_\_\_\_