

MASS INTENTION REQUEST FORM

Three (3) names can be offered per mass intentions and only one (1) mass intention per day is allowed.

Today's date: _____

1ST MASS INTENTION

Date Mass Requested:	Mass Time Requested:	
1.	<input type="checkbox"/> Deceased <input type="checkbox"/> Living	Intention purpose:
2.	<input type="checkbox"/> Deceased <input type="checkbox"/> Living	Intention purpose:
3.	<input type="checkbox"/> Deceased <input type="checkbox"/> Living	Intention purpose:
Intention by:		Phone #:

(To be completed by office)

Mass date & time scheduled: _____ Scheduled by: _____

2ND MASS INTENTION

Date Mass Requested:	Mass Time Requested:	
1.	<input type="checkbox"/> Deceased <input type="checkbox"/> Living	Intention purpose:
2.	<input type="checkbox"/> Deceased <input type="checkbox"/> Living	Intention purpose:
3.	<input type="checkbox"/> Deceased <input type="checkbox"/> Living	Intention purpose:
Intention by:		Phone #:

(To be completed by office)

Mass date & time scheduled: _____ Scheduled by: _____

3RD MASS INTENTION

Date Mass Requested:	Mass Time Requested:	
1.	<input type="checkbox"/> Deceased <input type="checkbox"/> Living	Intention purpose:
2.	<input type="checkbox"/> Deceased <input type="checkbox"/> Living	Intention purpose:
3.	<input type="checkbox"/> Deceased <input type="checkbox"/> Living	Intention purpose:
Intention by:		Phone #:

(To be completed by office)

Mass date & time scheduled: _____ Scheduled by: _____

MASS INDICATORS:

Deceased = †	Birthday = BD	Health & well-being = H	Anniversary – Anniv (<i>plus years, if requested</i>)
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