

# MASS REQUEST FORM:

Name of the person requesting the Mass: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

## Mass intentions:

1. \_\_\_\_\_ by \_\_\_\_\_

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time \_\_\_\_\_ Deceased \_\_\_ Living \_\_\_

2. \_\_\_\_\_ by \_\_\_\_\_

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time \_\_\_\_\_ Deceased \_\_\_ Living \_\_\_

3. \_\_\_\_\_ by \_\_\_\_\_

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time \_\_\_\_\_ Deceased \_\_\_ Living \_\_\_

4. \_\_\_\_\_ by \_\_\_\_\_

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time \_\_\_\_\_ Deceased \_\_\_ Living \_\_\_

5. \_\_\_\_\_ by \_\_\_\_\_

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time \_\_\_\_\_ Deceased \_\_\_ Living \_\_\_

**Please note:** The day you are requesting might be booked, we will give you a date close to the date requested, and we will notify you. To accommodate ALL SS. Cyril & Methodius families we allow **3 weekend mass intentions** (Saturday 5:00PM and Sunday) per family per year. The usual stipend offering is \$10.00