

2024 Mass Intention Request Form

Reminder: No more than 5 mass requests, with 2 of them on the weekend, per household. Telephone, Email and drop off requests cannot be accepted.

Please bring completed form along with Mass Offering to the Parish Office on Tuesday, December 3rd at 9:15am. Payable by cash, or check to OLSS

Your Name: _____ Email: _____

Phone#: _____

Please complete all fields for each intention and place, as close as possible, in chronological order.

• Name of Person(s) (*First, Last*) or Intention: _____

• Deceased Special Intention Special Occasion Healing

Date Requested: _____ Day of week: _____ Mass Time: _____

Alternative Date Request: _____ Day of week: _____ Mass Time: _____

(FOR OFFICE USE) Actual Date of Mass if Requested Dates not Available: _____ Time: _____

• Name of Person(s) (*First, Last*) or Intention: _____

• Deceased Special Intention Special Occasion Healing

Date Requested: _____ Day of week: _____ Mass Time: _____

Alternative Date Request: _____ Day of week: _____ Mass Time: _____

(FOR OFFICE USE) Actual Date of Mass if Requested Dates not Available: _____ Time: _____

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