

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 SUGGESTED DONATION FOR MASS INTENTION IS \$15.00

For Office Use ONLY

DATE PAID: _____

AMOUNT: _____

TENDER: _____