

MASS REQUEST FORM:

Name of the person requesting the Mass:				
Phone number:			Date:	
Email:				
Mass inten	tions:			
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	
	Day:		oy	

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 5:30PM and Sunday) per family per year. The usual stipend offering is \$10.00