

Person / Intention for which Mass is to be offered: \_\_\_\_\_

**Circle ALL that apply:**    Deceased        Living        Anniversary        Birthday

Mass requested by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If Mass card is needed, please mail to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

If you wish to attend the Mass and/or would like Mass to be offered on an anniversary or birthday, please indicate the date, time and location you prefer here. We will try our best to accommodate your request.

PREFERRED DATE(S): \_\_\_\_\_

If you do not specify a date and location, you will be given the first available Mass time, which may be a Mass at Holy Spirit Church, Holy Spirit Preparatory School, or Centro Catolico. You are welcome to attend any of the Masses, however you must sign in at the Front Office of the Lower School if you are attending a Mass there.

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**For office use only:**

Donation: \$\_\_\_\_\_ Check No: \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Mail: \_\_\_\_\_

Date and time for which Mass is scheduled: \_\_\_\_\_

Location where Mass will be offered: \_\_\_\_\_

If Mass card to be sent, date sent: \_\_\_\_\_

Person requesting Mass notified of date and time: \_\_\_\_\_

Date Mass entered into the computer: \_\_\_\_\_