

Mass Intention Form

Mass is to be offered for: _____

Circle: Deceased (+) Living (L) Anniversary of Death (A) Wedding Anniversary (W) Birthday (B)

Mass requested by: _____

Parishioner: YES NO

Notes: _____

Phone: _____

Email: _____

Please mail mass card(s) to: (if applicable)

Name: _____

Address: _____

Indicate date/time of Mass preferred and we will do our best to accommodate you!

PREFERRED TIME/DATE: _____

If you do not request a date and time, you will be given **the first available** Mass. It may be a weekday/weekend Mass at Holy Spirit Church, Holy Spirit Chapel, or a Centro Catolico Mass. You are welcome to attend any of the Masses.

By whom above information was written: _____

Date: _____

For office use only:

Stipend: \$_____ Check No: _____ Rec'd by: _____ Date Rec'd: _____ Receipt Given: _____

Date and time of scheduled Mass: _____ / _____ / _____ AM/PM
Day of Week Month Day Year Time

Location of Mass: Church Chapel Centro Catolico _____

Mass card was mailed on this date (if applicable): _____

Person requesting the Mass was notified of the date and time: yes.

DATE: _____; By WHOM: _____; HOW: in person email phone _____

Date Mass entered into the computer: _____