

# Sacred Heart Catholic Church MASS INTENTION REQUEST FORM

**Requested by:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Mass Intention is a:** \_\_\_\_\_ Special Intention \_\_\_\_\_ In Memory of Deceased

**Intention for (or in Memory of):** \_\_\_\_\_

**Requested Mass Date (please note, choices are not guaranteed):**

First Choice: \_\_\_\_\_ Mass Time: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Mass Time: \_\_\_\_\_

Check if no specific date or time is requested: \_\_\_\_\_

**Do you want a Mass card?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, mail to:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How would you like your card signed? \_\_\_\_\_

Or, do not sign (*you will sign*): \_\_\_\_\_

Total of \_\_\_\_\_ Masses (\$10 per Mass)      **Total Stipend Enclosed: \$** \_\_\_\_\_

*Drop completed form, with stipend payable to Sacred Heart Parish, in the collection basket or mail to Sacred Heart Parish, 17 Ann Avenue, Valley Park, MO 63088.*