

# Sacred Heart Catholic Church MASS INTENTION REQUEST FORM

**Requested by:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_

**Mass Intention is a: (check one)**

\_\_\_\_\_ Special Intention                      \_\_\_\_\_ Deceased

**Intention of (or in Memory of):**

Name \_\_\_\_\_

**Requested Mass date:**

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

Second Choice: \_\_\_\_\_ 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 CODE \_\_\_\_\_

How would you like your card signed? \_\_\_\_\_ Do not sign - we will sign \_\_\_\_\_  
\_\_\_\_\_

Total of \_\_\_\_\_ Masses at \$5.00 per Mass

**Total Stipend Enclosed:**                      \$ \_\_\_\_\_

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