**Mass Intention Request**

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| **Repose of the soul of: (*First and last)*** |  |
| **Intentions for: *(First and last)*** |  |
| **Day for Mass Intention:** |  |
| **Time for Mass Intention:** |  |
| **Requestors Name: *(First and last)*** |  |
| **Requestors contact phone number:** |  |

***Please make sure to indicate if the Mass Intention is for the deceased (repose of the soul) or for the living (intentions for).***

***Upon receipt our parish receptionist will contact you to confirm if the time and day are available.***