



Mass Intention Request Form

Please print clearly

Our Lady of Mercy

Mass Intention for _____ Living Deceased

Requested by: _____

Preferred date: _____ Time: _____

Alternative date: _____ Time: _____

OR Any Weekend Mass No date preference Permission to forward*

Mass Card needed- Address to send to: _____

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\$15 per Mass Intention , payable when submitted unless otherwise agreed.

Checks payable to Our Lady of Mercy

Contact Person: _____

Address: _____

Phone: _____

OFFICE USE: Received by: _____

Date (&tine)Received: _____

Amount paid: _____ Cash

Check # _____ Receipt written