MASS INTENTIONS 2027

Please note the policies below are in line with the Code of Canon Law and the Diocese of Buffalo. We handle requests in a way that is fair, honorable and in keeping with the laws of the Church. Canon Law requires the scheduling of one Mass "For the People of our Parish Family" on every Holy Day of Obligation including Sundays. This intention includes all those who live in the boundaries of our Parish Family.

No other intention may be scheduled in conjunction with this. Canon Law and the Diocese of Buffalo prohibit the scheduling of multiple intentions for one Mass.

A maximum of 2 intentions per year for any 1 individual and from any 1 person/family may be obtained at St. Pius due to the number of masses in the year. A maximum number of 3 intentions for 1 individual and from 1 person/family may be obtained at St. Greg's. Intentions may be for an individual, a couple or a family. *For example: John Doe, Mr. & Mrs. John Doe or Doe Family or Doe/Smith Families (No more than 2 families).*

Please use this form for your request and be sure it says ATTENTION: 2027 Masses on the envelope. Drop the entire form with payment in the collection basket or mail it to the St. Greg's Parish Office. **Only mail-ins or drop-offs in the Collection Basket will be accepted at this time.** Requests are processed as received.

The standard stipend for Masses is $15 (check made payable to the church where the intention is requested). If you are requesting two or three intentions, *send one payment*. ***PLEASE PRINT TO ENSURE ACCURACY.*** You will only be notified if there is a conflict with your request.

Mass Intention for _____

Circle one: Living or Deceased

Preferred date _____ time _____ St. Pius Yes ___ No ___

Individual/Family name requesting Mass: _____

Phone number: _____

Mass Intention for _____

Circle one: Living or Deceased

Preferred date _____ time _____ St. Pius Yes____ No___

Individual/Family name requesting Mass: _____

Phone number: _____

Mass Intention for _____

Circle one: Living or Deceased

Preferred date _____ time _____

Individual/Family name requesting Mass: _____

Phone number: _____