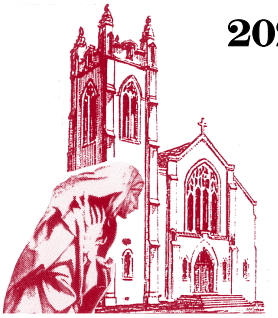
ST. CATHERINE OF SIENA CATHOLIC CHURCH



2024 MASS INTENTION REQUEST FORM

Please Mail or Drop off at the Parish Office Mailbox at 1125 Ferry Street;
***NO EMAIL SUBMISSIONS* will be accepted.**

- Fill out One Form per group/per organization/per family.
- First-come, first served basis & can only be submitted using this form.
- $10.00 Stipend offering per Mass
- Include a 2nd choice in the event the 1st Choice is not available. If a 2nd choice is not available, the next closest date or time will be assigned.

NEW PARISH POLICY: You may request up to 7 masses (4 Weekend Masses ONLY; 3 Weekday) at one time per year. If you choose QTY 7 option, please place daily requests on one side of the form and weekend on the back side. You may request an **additional weekend masses after 5 months** of your first initial request.

	CIRCLE ONE L = Living B = Birthday A = Anniversary Or D=Deceased	Mass Offered For: One or two individual names or one or two family names of the same family allowed. (Limit 30 characters) or the option of 1)Living members of a ministry / organization 2) Deceased members of a ministry /organization Mass Intentions will not be available for Holy Days of Obligation, Holy Triduum Easter Sunday and Christmas Masses	Mass Date WEDNESDAY's Not Available (Sept - May)	Mass Time 1st choice 8 AM DAILY WEEKEND 4:30 PM 8:30 AM 11:00 AM	Mass Date 2nd choice If the 2nd choice is not available, we will assign the closest day to your choice	Mass Time 2nd choice 8 AM DAILY WEEKEND 4:30 PM 8:30 AM 11:00 AM	W = Weekend D = Daily
1	L = Living Or D=Deceased							
2	L = Living Or D=Deceased							
3	L = Living Or D=Deceased							
4	L = Living Or D=Deceased							
5	L= Living Or D=Deceased							

☐ No Card Needed ☐ I would like to Pick-up Card when ready.
☐ Mail Card to: (1st card - no charge)

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*Requested By: _____

*Address: _____

*City /ZIP: _____

Phone # _____

Internal Office Use Only

Date of Cash/Check Rec'd._____ Ck #_____ Amount $_____ Mailed Card on: _____

Request Date: _____ Additional Weekend/Weekday Mass Intention can be requested on:

SDL– 8.31.2023 Date:_____

	CIRCLE ONE L = Living B = Birthday A = Anniversary Or D=Deceased	**2024 Mass Offered For:** **<u>One or two individual names</u> or <u>one or two family names of the same family</u> allowed.** (Limit 30 characters) or the option of 1)Living members of a ministry / organization 2) Deceased members of a ministry /organization **Mass Intentions <u>will not be available</u> for Holy Days of Obligation, Holy Triduum Easter Sunday and Christmas Masses**	Mass Date **WEDNESDAY's Not Available (Sept - June)**	Mass Time **1st choice** 8 AM DAILY <u>WEEKEND</u> 4:30 PM 8:30 AM 11:00 AM	Mass Date **2nd choice** If the 2nd choice is not available, we will assign the closest day to your choice	Mass Time **2nd choice** 8 AM DAILY <u>WEEKEND</u> 4:30 PM 8:30 AM 11:00 AM	**W = Weekend D = Daily**
1	L = Living Or D=Deceased						
2	L = Living Or D=Deceased						
3	L = Living Or D=Deceased						
4	L = Living Or D=Deceased						
5	L= Living Or D=Deceased						

Please add .60 cent postage per each additional requested card to offset mailing costs. Thank you

☐ Mail Card to:

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