St. Catherine of Siena Catholic Church
Mass Intention Request Form

Please mail or deliver this to the Parish Office at 1125 Ferry Street, Martinez, CA

- **Fill out one form per group, organization, and/or family**
- **Masses will be assigned on a first come, first served basis**
- **A stipend of *$10.00* per Mass is requested for the presider**

Up to **FIVE (5)** Masses can be requested at one time: **THREE (3)** daily Masses and **TWO (2)** weekend Masses. Requesting Masses for the next calendar year begins **October 2nd**. Additional Masses can be requested beginning **June 2nd**.
Can submit electronically to office@stcmtz.org or submit the form on our website.

Please indicate **L** for living, **D** for deceased, **A** for anniversary, **B** for birthday.

Please Note: *Starting January 1st, 2027, there will be no more morning Mass on Tuesdays. Please do not choose a Tuesday Mass when requesting your Mass Intentions.*

	L D A B	**Please Print name of 1 or 2 individuals or families that the Mass is being offered**	**Day of the Week**	**Date**	**Mass Time** Daily 8AM SAT 4PM SUN 8:30AM SUN 11AM	**Alternate Mass Date Requested**
1						
2						
3						
4						
5						

Requested by: _____ Phone #: _____
Would you like a Card: __Yes __No Mail Card_____ or Pick-Up_____
Address: _____City/State/Zip:_____

Date of Request: _____ Date of Payment: _____

Form of Payment: Cash _____ Card_____ Check_____ Check #:_____ Notes: _____

Receipt Given: _____ By: _____

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