

ST. JOHN THE BAPTIST SLOVAK CATHOLIC CHURCH
MASS INTENTION REQUEST FORM

Mass is to be offered for: _____

Check Box:

Deceased (+) [] Living(L) [] Anniversary of Death (A)[] Wedding Anniversary (W)[]

Birthday (B)[] Other (O)[] (State)_____

Mass Requested by:_____

Parishioner: YES NO

Phone:_____ Email_____

Indicate date/time of Mass preferred and we will do our best to accommodate you!

PREFERRED DATE 1:_____ OPTIONAL DATE 2:_____

If you do not request a date and time, you will be given the first available Mass. It may be a weekday or a weekend Mass. The suggested Mass stipend is \$10, as determined by the Diocesan policy. A Mass offering may be more than the suggested stipend. However, no one will be denied a Mass intention because of inability to pay.

Payment may be cash or check made payable to St. John The Baptist Church and can be placed in the collection basket at any Mass.

FOR OFFICE USE:
Date Recv'd _____
Check # _____