

MASS INTENTION REQUEST FORM - JULY THRU DECEMBER, 2018

Each parish household may schedule five (5) Mass Intentions, 3 weekend and 2 weekday, via this intention request form. Each intention may carry more than one name, within reason, for example: Mr. & Mrs. John Brown and Susie Jones. The Mass intention stipend is **\$5 per Mass** —checks made payable to STM Church. STM Church will accept requests for Mass Intentions on a first-come, first-served basis in the order in which the Mass Intention Request Form is received in the church office. We will do our best to fulfill your Mass Intention request as submitted. If we cannot schedule the date you choose, we will schedule the intention as close to the requested date and time as possible, and will notify you of the date via mail or phone. **PLEASE SUBMIT FORMS TO THE CHURCH OFFICE BY MAY 31, 2018.**

TODAY'S DATE: _____

YOUR NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

1. Mass Intention For: _____ Deceased () Living ()

Date Offered: _____ Mass Time: _____ Occasion celebrated (if applicable): _____

Card Required: Y / N Send to: _____

2. Mass Intention For: _____ Deceased () Living ()

Date Offered: _____ Mass Time: _____ Occasion celebrated (if applicable): _____

Card Required: Y / N Send to: _____

3. Mass Intention For: _____ Deceased () Living ()

Date Offered: _____ Mass Time: _____ Occasion celebrated (if applicable): _____

Card Required: Y / N Send to: _____

4. Mass Intention For: _____ Deceased () Living ()

Date Offered: _____ Mass Time: _____ Occasion celebrated (if applicable): _____

Card Required: Y / N Send to: _____

5. Mass Intention For: _____ Deceased () Living ()

Date Offered: _____ Mass Time: _____ Occasion celebrated (if applicable): _____

Card Required: Y / N Send to: _____

SANCTUARY LIGHT REQUEST - JULY THRU DECEMBER 2018

The sanctuary lights in the church and Adoration Chapel may be burned in memory of your loved for one week. When requesting your week, please choose Sunday's date. The sanctuary light stipend is \$20 for each week offered.

Today's Date: _____ () Church Sanctuary Light () Chapel Sanctuary Light

In memory of: _____

Requested by:

Name _____

Phone: _____

Date(s) Offered: _____

Card/Letter: Y N

(Name and Address)

Sanctuary Flowers Donation Form

Today's Date: _____

Altar Flowers (under the Cross in Sanctuary - \$125)

Ambo Flowers (in front of the Lectern - \$75)

**Please note that altar flower
donations are not accepted
during Advent and Lent.**

Flowers for: _____

Deceased (in memory of)

Living (in honor of)

Requested dates:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Requested by: _____

Phone: _____

Paid by: Cash

Check

Amount: _____

Card / Letter: Y / N

Send to: _____
