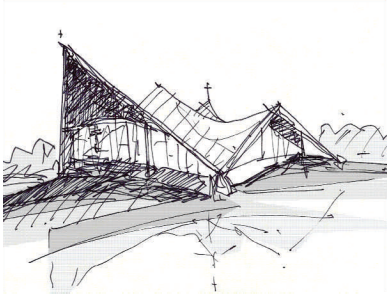


MASS INTENTION REQUEST FORM



Requested by: Name _____

Address _____

City _____ Phone _____

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

	DATE (2012)	Please <u>circle</u> one	TIME	INTENTION	REQUESTED BY	Do you want a Mass Card?
1		Mass Perpetual Enrollment Sanctuary Lamp Nursing Home				
2		Mass Perpetual Enrollment Sanctuary Lamp Nursing Home				

Please Note:

Request envelopes will be opened in the order they are received.

Enclose a SELF-ADDRESSED STAMPED ENVELOPE or an email address with your request so that we may inform you of the days and times assigned. Email: _____

Please check this box if you are requesting a weekend or holy-day Mass and would like to participate in the offertory procession by bringing up the gifts of bread and wine to the altar.

Mass Intention Requests
 should be placed in an envelope along with
 the proper stipend:
 \$15 per Mass requested
 \$25 per Perpetual Enrollment
 \$25 per Sanctuary Lamp

Requests may be:

- Mailed to the Parish Office
(PO Box 1285 Jackson, NJ 08527)
- Placed in the Collection Basket at Church