

2024 Mass Intention Request Form

*Reminder: No more than 5 weekday mass (Mon-Sat)
AND 5 Sunday mass intentions per household. Only one
person may be the subject of a Mass Intention.*

FOR PARISH OFFICE USE ONLY: REQUESTEE LASTNAME INITIAL: _____ OFFERING AMOUNT: _____ METHOD: CASH CHECK CARD RECORDED BY: _____ DATE RECEIVED: _____ RECEIPT NUMBER: _____

Please return completed form along with Mass Offering to the Parish Office. Payable by card, cash, or check to *Holy Spirit Catholic Church, Attention: Mass Intention Request*

Your Name: _____ Registered Parishioner? Yes No
Your Phone Number: (_____) _____ - _____
Your Address: _____

Please complete all fields for each intention.

- Name of Person (*First, Last*) or Intention: _____
 Deceased Person **OR** Living Person **OR** Special Intention for Yourself
Date Requested: _____ Mass Time: _____ Day of Week: _____
- Name of Person (*First, Last*) or Intention: _____
 Deceased Person **OR** Living Person **OR** Special Intention for Yourself
Date Requested: _____ Mass Time: _____ Day of Week: _____
- Name of Person (*First, Last*) or Intention: _____
 Deceased Person **OR** Living Person **OR** Special Intention for Yourself
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