



Mass Intention Scheduling Form

Year _____

All Intentions MUST be reserved in writing and are scheduled on a first come/first served basis. No phone or word of mouth requests. Every attempt will be made to schedule on the requested date, or as close to that date as possible.

The usual stipend of \$10.00 per Mass MUST accompany this form. Please submit a separate form per parish.
Checks made payable to the parish stated below.

****A limit of up to ten (10) Masses per year for any one person will be scheduled. Only ONE intention scheduled for an individual on a Saturday/Sunday weekend Mass. All others must be a weekday Mass.**

No Mass intentions are taken for Christmas, Easter, Mother's Day, Father's Day, and All Souls Day.

Intention of the Mass:

Name	Date Requested (not guaranteed)	Living or Deceased?	If Mass is canceled, can this be said privately by priest? Yes/No

Choose Parish:

St. James ____ St. Margaret ____ St. Peter ____ St. John ____ St. Mary ____

Amount Enclosed: \$ _____ Requested by: _____

Address: _____

Phone: _____ Email: _____

(For office use only)

Date received: _____ Staff Name: _____

Updated MK 1-6-26