St. Peter Parish
Church · School · Family
125 East 19th Avenue Covington, LA 70433 (Ph) 985 892-2422 (Fx) 985 202-8523 rectory@stpeterparish.com www.stpeterparish.com

12 MASS INTENTIONS REQUESTED FOR 2026 CALENDAR YEAR

I am requesting the following 12 dates for Masses Intentions for the year 2026. The dates requested are suggested and if the date is unavailable the closes date will be chosen by the office. To be submitted on or after Monday Nov 3rd, 2025. PRINT or TYPE ONLY.

(Daily Mass Time to choose: 6:30am, 8:30am, Sunday 9:30am, 11:30am** or 5pm. (**9:30am & 11:30am are subject to be switched)**

1. _____ Living or Deceased
(Date) (Name) (Mass Time)

2. _____ Living or Deceased
(Date) (Name) (Mass Time

3. _____ Living or Deceased
(Date) (Name) (Mass Time

4. _____ Living or Deceased
(Date) (Name) (Mass Time

5. _____ Living or Deceased
(Date) (Name) (Mass Time

6. _____ Living or Deceased
(Date) (Name) (Mass Time

7. _____ Living or Deceased
(Date) (Name) (Mass Time

8. _____ Living or Deceased
(Date) (Name) (Mass Time

9. _____ Living or Deceased
(Date) (Name) (Mass Time

10. _____ Living or Deceased
(Date) (Name) (Mass Time

11. _____ Living or Deceased
(Date) (Name) (Mass Time

12. _____ Living or Deceased
(Date) (Name) (Mass Time

My Name: _____ **Phone**: _____

Address: _____ **Email**: _____

_____

☐ Paid ☐ Cash ☐ Check #_____Total: _____ ☐ Completed Initials: _____

☐ Mailed Copy of this sheet when dates are completed ☐ Sent - Date: _____

**If Cards are requested please add their mailing address below:

1. Card Y/N – **Mail to:** Name: **Card Choice**: Living or Deceased
Address:
City, State Zip:

2. Card Y/N – **Mail to:** Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

3. Card Y/N – **Mail to:** Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

4. Card Y/N – **Mail to:** Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

5. Card Y/N – **Mail to:** Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

6. Card Y/N – **Mail to:** Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

7. Card Y/N – **Mail to:** Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

8. Card Y/N – **Mail to:** Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

9. Card Y/N – **Mail to:** Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

10. Card Y/N – **Mail to:** Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

11. Card Y/N – **Mail to:**Name: **Card Choice:** Living or Deceased
Address:
City, State Zip:

12. Card Y/N – **Mail to:**Name: **Card Choice:** Living or Deceased
Address:
City, State Zip: