

2024 Mass Intention Form

PLEASE RETURN COMPLETED FORM ALONG WITH CHECK OR CASH (\$10 PER MASS)
To: Resurrection Parish, c/o Mass Requests, 126 Fort Couch Road, Pittsburgh, PA 15241

Name: _____

Address: _____

Telephone/Email **REQUIRED:** _____

Weekend Mass Request (One per registered household)

SJC: 5:00pm Vigil _____

9:00am _____

11:00am _____

STM: 4:00pm Vigil _____

8:00am _____

9:30am _____

11:30am _____

1. Intention For: _____ Deceased: _____ Living: _____

Requested By: _____ Date requested: _____

Weekday Mass Request (Two per registered household)

1. **SJC:** 8:30am _____ (Mon-Fri)

STM: 11:30am _____ (Mon-Sat)

STM: 8:45am _____ (Wed-AMA School Mass)

Intention For: _____ Deceased: _____ Living: _____

Requested By: _____ Date requested: _____

2. **SJC:** 8:30am _____ (Mon-Fri)

STM: 11:30am _____ (Mon-Sat)

STM: 8:45am _____ (Wed-AMA School Mass)

Intention For: _____ Deceased: _____ Living: _____

Requested By: _____ Date requested: _____

Sanctuary Candle Intention For: _____

Requested By: _____ Week of Intention: _____

_____**SJC**

_____**STM**

FOR OFFICE USE ONLY:

Date Received: _____ # _____ Check# _____ / Cash Amount Received: _____

MIOL: Date _____ Initials _____